

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

01640  
1310

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred

Emergency Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Mary Alice Albaugh

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Widow

6. (b) Name of husband or wife

George Albaugh

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

July 8 1857

8. AGE:

Years Months Days If less than one day

87 7 24 hrs. min.

9. Birthplace

Lancaster, Pennsylvania

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Ave Beck

Pa.

12. Name

Mary Barrell

Pa.

13. Birthplace

Wilmington, Del.

Pa.

14. Maiden name

Mary Barrell

Pa.

15. Birthplace

Wilmington, Del.

Pa.

16. Informant

Merle Beck

Pa.

17. Burial

Burial Date thereof Feb. 25, 1947

(month) (day) (year)

Cemetery or crematory

Mt. Hope

Location

Woodsboro, Md.

18. Funeral director

Powell &amp; Hartley

Address

Woodsboro, Md.

19. Registrar

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

(If outside city or town limits, write RURAL and give nearest town)

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 22, 1947 at 7:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 13, 1947, to February 22, 1947,

and that I last saw her alive on February 22, 1947.

Immediate cause of death

Chronic Nephritis

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

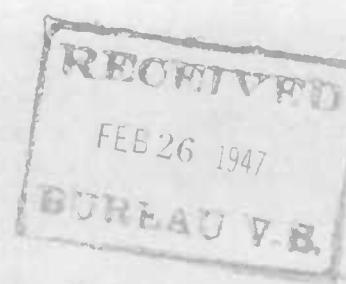
Bernard Thomas Jr. M.D.

M. D. or other

Address

Frederick, Md. Date signed Feb. 27, 1947

(Date rec'd by registrar)



1-33-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61641

13-6

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**  
 County \_\_\_\_\_  
 City or town: **State Sana to rium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **Since 5/10/46**  
 Hospital, Institution, or street address where death occurred: **Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 5/10/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State: **Maryland** County \_\_\_\_\_  
 City or town: **Baltimore**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **316 E. Lorraine Ave.**  
 (If rural, give LOCATION)

2.(a) If veteran, name war. 

3. (a) FULL NAME  
**Raleigh Anderson Alderson**

3. (b) Social Security Number  
**None**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife **Mamie Alderson**

7. Birth date of deceased (mo., day, yr.) **March 25, 1889**

8. AGE: Years	Months	Days	If less than one day
57	10	25	hrs. min.

9. Birthplace **Pace, Virginia**  
 (Town, county, and state)

10. Usual occupation **Office Manager**

11. Industry or business **Charles H. Alderson**

FATHER 12. Name **Charles H. Alderson**

MOTHER 13. Birthplace **Virginia**

14. Maiden name **Sally F. Strickland**

15. Birthplace **Virginia**

16. Informant **Mamie Alderson, Wife**

Address **316 E. Lorraine Ave., Balto., Md.**

Burial 17. Date thereof **2/22/47**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory \_\_\_\_\_

Location **Richmond, Virginia**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Maryland**

19. Feb. 20 19 47  
 (Date rec'd by registrar) *J. W. A.* Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **February 19** 19 47 6:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 10** 19 46 to **Feb. 19** 19 47 and that I last saw him alive on **February 19** 19 47

Immediate cause of death **Pulmonary Tuberculosis** DURATION **21 Mos.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE *R. W. Bassis* M. D. *W. J. Bassis*

Date signed **2/19/47**



1-3

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9B2

01642

## CERTIFICATE OF DEATH

Reg. Dist. No. 1440

THE CORRECT PAGE  
IS ESPECIALLY IMPORTANT. PHYSICIANS: PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

## 1. PLACE OF DEATH:

County

Frederick

City or town

Lewistown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

SIDNEY JOSEPH ANGELBERGER

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ed. James Angelberger

7. Birth date of deceased (mo., day, yr.)

February 24, 1880

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

67

2

hrs.

min.

9. Birthplace

Yellow Springs Frederick Co Md

(Town, county, and state)

10. Usual occupation

Farmhand

11. Industry or business

William D. Angelberger

12. Name

William D. Angelberger

13. Birthplace

Frederick Ed

14. Maiden name

Margaret A. Miller

15. Birthplace

Thurmont Md

16. Informant

Mrs Sidney Angelberger

Address

Lewistown Md

17. Burial, cremation, or removal. Which?

Burial

Date thereof (month) (day) (year)

Cemetery or crematory

Wicomico Cemetery

Location

Wicomico Maryland

18. Funeral director

M. S. Religious Assoc.

Address

Thurmont Md

19. March 1 1947

(Date rec'd by registrar)

Blanche S. Eyer

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Lewistown (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war no

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH 26 FEBRUARY 19 1947, at 3<sup>00</sup> P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NEVER to 19... to 19... and that I last saw h. i. m. DEAD alive on 26 FEBRUARY 19 47

Immediate cause of death

CORONARY THROMBOSIS

DURATION

INSTANT

Due to Hypertensive Heart

Stalroad

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

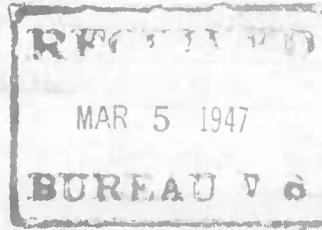
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles C. Cereley, Jr. M.D.

Deputy med. Exam. J. M. D. or other

Address Frederick Md Date signed 27 Feb 47



1-35-

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

11644

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 1 Day

## 3. (a) FULL NAME

GRACE AMELIA BAUMGARDNER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

W

6. (b) Name of husband or wife

William D. Baumgardner

7. Birth date of deceased (mo., day, yr.)

December 28, 1879

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

67

1

13

hrs.

min.

9. Birthplace

Nr. Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

George H. Brunner

12. Name

Frederick County Maryland

13. Birthplace

Frances M. Baker

14. Maiden name

Frederick County Maryland

15. Birthplace

Mrs. W. A. McKelvy

16. Informant

238 N. Market St., Frederick, Md.

17. Burial

(Burial, cremation, or removal, when?)

Date thereof 2/13/47

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Age

(Date rec'd by registrar)

1947

Elizabeth G. Steele

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 238 North Market Street

(If rural, give LOCATION)

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1947, 1:35 A.M.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from

March 1, 1946, to Feb. 11, 1947

and that I last saw her alive on Feb. 11, 1947

Immediate cause of death

Art coronary thrombosis

DURATION

1 day

Due to

Due to

Other conditions

Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings or operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

accident

Date of

2/13/47

Where did injury occur

Frederick, Frederick, Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Home

Means of Injury Fall, etc.

Injured at work?

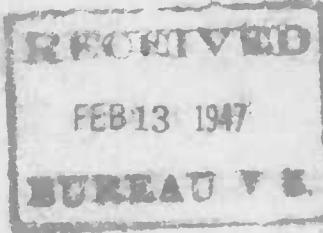
23. SIGNATURE

A. A. Quarre M.D.

Address

Frederick, Md.

Date signed 2/13/47



1 - 35 -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If age is incorrect give especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

01645

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

Frederick Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital 18 days

How long in hospital or institution?

## 3. (a) FULL NAME

Roger Redell Bennett

## 3. (b) Social Security Number

4. Sex

Male Colored single

5. Color or race

8. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

February 2, 1947

6. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day  
0 0 11 hrs. min.

9. Birthplace

Frederick, Maryland

10. Usual occupation

11. Industry or business

James Edward Bennett

12. Name

Howard Co. Maryland

13. Birthplace

Beatrice Virginia Anderson

14. Maiden name

Frederick, Maryland

15. Birthplace

Alicia Eddie

16. Informant

Merger Hosp. Death, Md.

Address

Date thereof Feb 15-1947

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Montrose Cem.

Location

Frederick, Maryland

18. Funeral director

G. C. Trout, M.P.

Address

Frederick Rd #5

19. Date rec'd by registrar

15 Feb 1947

Elizabeth G. Tech

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Mt. airy Rural

Street No. P. Rd #23

(If rural, give LOCATION)

2.(a) If veteran, name war

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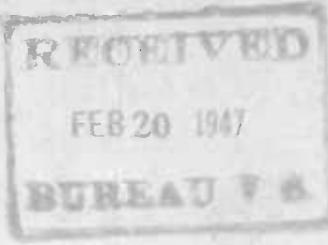
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2 - 35 -

01646

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131 O

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I  
9-45-15-M

VS A15

1. PLACE OF DEATH:  
Frederick  
County

City or town  
Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 Years

Hospital, Institution, or street address where death occurred:  
200 East Church Street

How long in hospital or institution?

3. (a) FULL NAME  
EMILY FRANCES BESANT

4. Sex F	5. Color or race W	6. (a) Single, married, widowed, or divorced W
-------------	-----------------------	---

6. (b) Name of husband or - Henry R. Besant

7. Birth date of deceased (mo., day, yr.) April 28, 1865

8. AGE:	Years 81	Months 9	Days 12	If less than one day hrs. min.
---------	-------------	-------------	------------	--------------------------------------

9. Birthplace Charlestown, West Virginia  
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER	12. Name Rev. James H. March
	13. Birthplace Winchester, Virginia

MOTHER	14. Maiden name Laura Eby
	15. Birthplace Virginia

16. Informant Catherine B. Besant

Address 200 E. Church St., Frederick, Md.

17. Burial Date thereof 2/12/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or cemetery Mount Olivet Cemetery  
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 11 Feb 1947  
(Date rec'd by registrar) Elizabeth L. Tech  
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 200 East Church Street  
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number  
None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1947, at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 10, 1947, to Feb 10, 1947,  
and that I last saw her alive on Feb 10, 1947.

Immediate cause of death

Acute Cardiac Dilatation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Thomas M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-11-47

RECEIVED

FEB 12 1947

B.C.P.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

01647

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

6 weeks

## 3. (a) FULL NAME

ANNIE MAY BIDDINGER

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

May 4, 1881

8. AGE:

Years 65

Months 9

Days 7

If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER Ephriam M. Biddinger

13. Birthplace Frederick County Maryland

14. Maiden name

Josephine Biser

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Grace L. Dew

Address 5 DeGrange St., Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 2/14/47

(month) (day) (year)

Cemetery or cemetery Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 12 Feb 1947

(Date rec'd by registrar)

Elizabeth B. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. #5 DeGrange Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH February 11, 1947 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 29

1946

to Feb. 11

1947

and that I last saw her alive on Feb. 10

1947

Immediate cause of death

Coronary Thrombosis

Due to Atherosclerosis of Coronary arteries

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

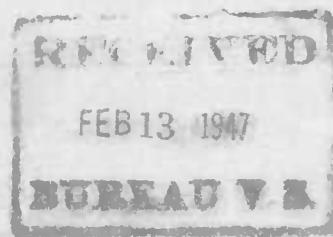
Injured at work?

23. SIGNATURE

Bernard J. Hennaford M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-11-47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

P1648

## CERTIFICATE OF DEATH

Reg. Diat. No. 1310

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2 Days

## 3. (a) FULL NAME

BERTHA IDA BOONE

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M

6.(b) Name of husband or wife

Meredith B. Boone

7. Birth date of deceased (mo., day, yr.)

June 20, 1907

6.(c) If alive, give age 39 years

8. AGE: Years

39

Months

7

Days

26

If less than one day

hrs.

min.

9. Birthplace

Prince Georges County Maryland

(Town, county, and state)

At Home

10. Usual occupation

11. Industry or business

Edward M. Dodd

MOTHER FATHER

12. Name Edward M. Dodd

13. Birthplace Frederick County Maryland

14. Maiden name Annie Fink

15. Birthplace Frederick County Maryland

16. Informant Meredith B. Boone

Address R. F. D. #3, Frederick, Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof 2/19/47

(month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 14 - Feb 1947

(Date rec'd by registrar)

Elizabeth S. Heath

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-Rural R. F. D. #3

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Charlesville

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

219-82-2599

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

Feb 16 1947 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 15 1946 to Feb 16 1947

and that I last saw her alive on Feb 16, 1947 1947

Immediate cause of death

Pulmonary embolism

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

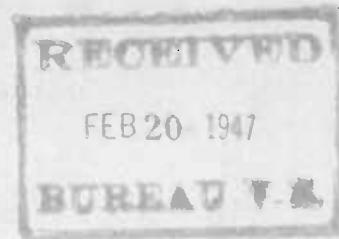
Means of injury

Injured at work?

23. SIGNATURE

R. S. Foster day M. D. or other

Address Walkersville, Md Date signed 2/17/47



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1361

01649

## CERTIFICATE OF DEATH

Reg. Dist. No. 1410

## 1. PLACE OF DEATH:

County

Frederick

City or town

Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

723 East Potomac St

How long in hospital or institution?

## 3. (a) FULL NAME

John Edward Brawner

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married.

6. (b) Name of husband or wife

Nellie Mae Booth

6. (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.)

Feb. 10, 1918

8. AGE:

Years

Months

Days

If less than one day

29

0

13

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Br. RR. Clerk.

11. Industry or business

Ferry D. Brawner

FATHER

12. Name

Virginia

13. Birthplace

Wells Cannon

MOTHER

14. Maiden name

Maryland

15. Birthplace

Park Heights

16. Informant

Mrs. N. Mae Brawner

Address

Brunswick Md.

17. Burial

(Burial, cremation, or removal? Which?)

Date thereof Feb. 27, 1947

Cemetery or crematory

Park Heights

Location

Brunswick Md.

18. Funeral director

P. H. Felt, Baw

Address

Brunswick Md.

19. Date rec'd by registrar

Feb. 26, 1947

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town

Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 723 East Potomac St

(If rural, give LOCATION)

2.(a) If veteran, name war

WW

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

23 Feb. 1947 8<sup>00</sup> AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

13 Feb. 1947 to 23 Feb. 1947

and that I last saw him alive on 23 Feb. 1947

Immediate cause of death

Pneumonia, tuberculous, 5 days

DURATION

Due to

Tuberculosis, bilateral, far advanced disease,

Due to involving upper half of both lungs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

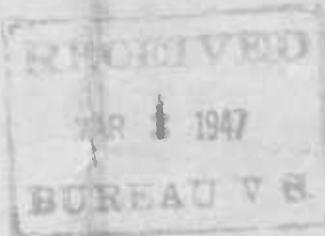
53. SIGNATURE

Richard H. Saunders (M.D. or other)

Address

Brunswick Md. Date signed 23 Feb. 1947

*Thurs 2 P.M.*



*1-35*

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

01650

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

1 Day

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

1 Day

How long in hospital or institution?

## 3. (a) FULL NAME

NOAH SAMUEL BROOKS

## 4. Sex

M

## 5. Color or race

W

## 6.(a) Single, married, widowed, or divorced

W

## 6.(b) Name of husband or wife

Maude M. Nichols

## 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 27, 1869

## 8. AGE:

Years  
77Months  
4Days  
13If less than one day  
hrs. min.9. Birthplace Clarksburg-Randolph-West Virginia  
(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

12. Name Richard Brooks

13. Birthplace Randolph County West Virginia

14. Maiden name Barbara Fetro

15. Birthplace Randolph County West Virginia

## 16. Informant

Homer C. Brooks

## Address

Cumberland, Maryland

## 17. Removal

(Burial, cremation, or removal. Which?)

Date thereof 2/11/47

(month) (day) (year)

Cemetery or crematory

Location Fairmont, West Virginia

18. Funeral director M. R. Etchison and Son

## Address

Frederick, Maryland

## 19. (Date rec'd by registrar)

19. M.T.

(Date rec'd by registrar)

Elizabeth J. Hecke

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City Frederick-Rural R. F. D. #3  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Hansonville

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Feb 10

1947 at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 9 1947 to Feb 10 1947

and that I last saw deceased alive on Feb 10 1947

Immediate cause of death

Cerebral Hemorrhage  
Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

## 23. SIGNATURE

E. P. Jones

M. D.

M. D. or other

Address Frederick Md Date signed Feb 10-47



1-35

PLEASE WRITE PLAINLY, WITH TINTED INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1042

01651

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County

Frederick Bartonsville, Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, Institution, or street address where death occurred:

Jug Bridge

How long in hospital or institution?

## 3. (a) FULL NAME

William Lucius Brooks

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male colored married

6. (b) Name of husband or wife Catherine Brooks

7. Birth date of deceased (mo., day, yr.)

July 8 1918

6. (c) If alive, give age 25 years

8. AGE: Years Months Days If less than one day  
28 6 20 hrs. min.9. Birthplace Philadelphia, Pa.  
(Town, county, and state)

10. Usual occupation Janitor

11. Industry or business Foundry

12. Name James Robert Brooks

13. Birthplace Bartonsville, Md

14. Maiden name Eliz. Sydner

15. Birthplace Washington, D. C.

16. Informant Wm. Brooks

Address Bartonsville, Md

17. Burial Date thereof 3/3/47  
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or cemetery Bartonsville, Md

Location Bartonsville, Md

18. Funeral director Harry E. County Cor.

Address Frederick, Md.

19. Date rec'd by registrar 3 March 1947

Eliz. L. Hock.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City town Bartonsville, Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Bartonsville, Md

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

220-09-8211

## MEDICAL CERTIFICATION

20. DATE OF DEATH 28 February 1947 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never dead and that I last saw him alive on 28 February 1947.

Immediate cause of death Multiple fractures of skull

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 28 Feb. '47

Where did injury occur? Frederick, Frederick, Maryland

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) U.S. Highway #40

Means of injury Jumped from bridge Injured at work

23. SIGNATURE Charles J. Conley, M.D. or other

Address Frederick, Md Date signed 1 March 1947

*D. Gandy*

RECEIVED

MAR 5 1947

BUREAU V.R.

1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

01652

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

**1. PLACE OF DEATH:** Frederick  
 County .....  
 City or town ..... Frederick- (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, Institution, or street address where death occurred: Montevue County Home  
 How long in hospital or institution? 31 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick- (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Montevue County Home  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

**3.(a) FULL NAME**  
 MARY LILLIAN CASTLE

**3.(b) Social Security Number**  
 NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife.....  
 8.(c) If alive, give age ..... years

7. Birth date of deceased (mo. day, yr.) December 23-1877

8. AGE: Years Months Days If less than one day  
 69 1 24 hrs. min.

9. Birthplace Middletown Frederick Co. Md.  
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

MOTHER FATHER  
 12. Name Daniel W. Castle  
 13. Birthplace Middletown, Md.

MOTHER  
 14. Maiden name Martha E. Sparrow  
 15. Birthplace Middletown, Md.

16. Informant Mrs. Pearl Gardner- M.W. Castle

Address Baltimore, Md.- Frederick, Md.

17. Burial Date thereof Feb. 18-1947  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or cemetery Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director C.E.Cline and Son

Address Frederick, Maryland

19. 17 Feb 1947 Elizabeth Tech.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 16th 1947 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1946, to Feb. 16, 1947  
 and that I last saw h.c.v. alive on Feb. 16, 1947

Immediate cause of death Cerebral Hemorrhage DURATION 1 mon.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE..... Bernard J. Thomas, M.D. M.D. or other

Address Frederick, MD Date signed Feb. 17, 1947

RECEIVED

FEB 18 1947

BUREAU F.B.I.

1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

## CERTIFICATE OF DEATH

Reg. Dist. No.

2161

~~Please write plainly, with unfading ink. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.~~

1. PLACE OF DEATH:  
 County Frederick  
 City or town Union Bridge Road  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 months  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Union Bridge Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Route 1  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

## 3. (a) FULL NAME

Laura Nettie Clabough4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married8.(b) Name of husband or wife Maurice J. Clabough6.(c) If alive, give age 67 years7. Birth date of deceased (mo., day, yr.) April 15, 18768. AGE: Years 70 Months 9 Days 23 If less than one day  
 hrs. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Frederick Co., Maryland  
 (Town, county, and state)10. Usual occupation Housewife11. Industry or business at Home12. Name Joseph Stranahan13. Birthplace Maryland14. Maiden name Susan Fogel15. Birthplace Maryland16. Informant Maurice J. ClaboughAddress Union Bridge Rd R. 117. Burial, cremation, or removal, Which? Burial Date thereof Feb. 12, 1947  
 (month) (day) (year)Cemetery or crematory Pipe Creek CemeteryLocation Hampton Road18. Funeral director D. D. Hartnett & SonsAddress Union Bridge Hwy Number 2nd19. Feb. 10, 1947 (Date rec'd by registrar)P. Eichman Registrar

Signature

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1947 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 6 to Feb. 7, 1947, to 1947,  
 and that I last saw her alive on Feb. 7, 1947.Immediate cause of death Tuberculosis

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

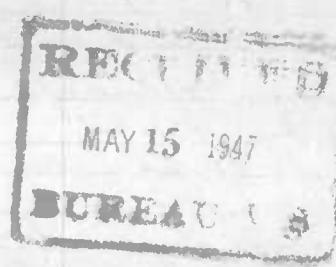
Means of injury.....

Injured at work?

23. SIGNATURE J. H. Mason M.D.

M. D. or other

Address Union Bridge HwyDate signed Feb. 10, 1947



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

1654

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

50 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

4. Sex

7

5. Color or race

white Single

6.(a) Single/married, widowed, or divorced

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Feb. 11 - 1883

8. AGE:

Years

Months

Days

If less than one day

63 11 26 hrs. min.

9. Birthplace.....

Totica Fred. Co. Md

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business.....

Deny Name

12. Name.....

John Grammer

13. Birthplace.....

Totica Fred. Co. Md

14. Maiden name.....

Julian Shankle

15. Birthplace.....

Frederick. S. F. H. Md

16. Informant.....

Miss Ada Grammer

Address

Frederick. P. O. F. H. Md

17. Burial.....

Burial Date thereof.....

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Totica Cem

Location.....

Totica Fred. Co. Md

18. Funeral director.....

M. L. Beagge Dan

Address.....

Thurmont Md

19. Feb. 9.....

19. t. 7.....

(Date rec'd by registrar)

Blanche S. Eiler

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Frederick

City or town.....

Totica

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

no

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 7

19. 47 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 1 19. 45 to Feb. 7 19. 47 and that I last saw her alive on Feb. 6, 19. 47

Immediate cause of death

Hyperkinetic Cardiac Disease or  
Renal disease

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings at operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

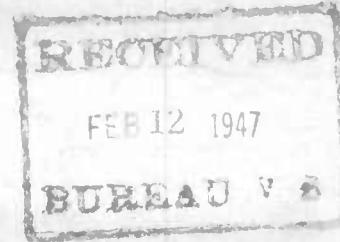
Eloise Day

M. D. or other

Address.....

Wolkesville, Md

Date signed Feb. 9, 1947



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940-  
\*1653

## CERTIFICATE OF DEATH

Reg. Dist. No. 1400

## 1. PLACE OF DEATH:

County... Frederick

City or town... New Midway, R.D.

(If outside city or town limits, write RURAL and give nearest town)

25 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mrs. Julia A. Creager

4. Sex F      5. Color or race W      6.(a) Single, married, widowed, or divorced divorced

6.(b) Name of husband or wife... Winfield C. Creager

7. Birth date of deceased (mo., day, yr.) March 6, 1881      8.(c) If alive, give age years

8. AGE: Years Months Days If less than one day  
65 11 5 hrs. min.

Pittsburgh, Penna.

9. Birthplace.....  
(Town, county, and state)

10. Usual occupation... Housework

## 11. Industry or business

George Warfield

12. Name..... Pa.

13. Birthplace.....

14. Maiden name... Emma St. Clair

Pa.

15. Birthplace.....

16. Informant... Russell Creager  
Address New Midway, Md.17. Burial..... Date thereof... Feb. 14, 1947.  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Woodsboro

Location... Woodsboro, Md.

18. Funeral director... C.O. FUSS &amp; SON

Address Taneytown, Md.

19. Feb 13 1947  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md.

County... Frederick

City or town... New Midway

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Diseased heart

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury

Injured at work?

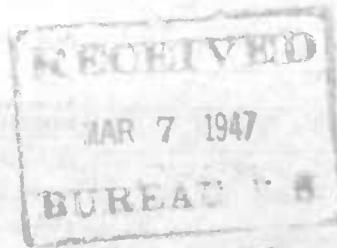
23. SIGNATURE

Address

M. D. or other

MM. B. 1947

Feb 12



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. For correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-6

## CERTIFICATE OF DEATH

01655  
Reg. Dist. No. 1410

## 1. PLACE OF DEATH:

County

Frederick

City or town

Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 years

Hospital, institution, or street address where death occurred:

415 Maple Ave.

How long in hospital or institution?

## 3. (a) FULL NAME

Lula Irene Dagenhart

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

## 6.(b) Name of husband or wife

Jacob H. Dagenhart

7. Birth date of deceased (mo., day, yr.)

Dec 25 1876

6.(c) If alive, give age years

8. AGE:

Years      Months      Days      If less than one day  
70      1      20      hrs.      min.

## 9. Birthplace

Maryland  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

Home

MOTHER FATHER

12. Name Q. S. Scott

## 13. Birthplace

Maryland

## 14. Maiden name

Florence E. Horner

## 15. Birthplace

Maryland

## 16. Informant

Leon Dagenhart

## Address

Brunswick Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb. 19, 1947  
(month) (day) (year)

## Cemetery or crematory

Robersville

## Location

Robersville Md.

## 18. Funeral director

C. H. Felt, Baw

## Address

Brunswick Md.

## 19. Date rec'd by registrar

2-19-6 1947 Eugenia H. Burke

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Fred

City or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 415 Maple Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

Feb 10 1947 at 11:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 10 1947 to Feb 14 1947  
and that I last saw h. m. alive on Feb 15 1947

## Immediate cause of death

Pulmonary edema

DURATION

3 days

## Due to

Cerebral hemorrhage

7 days

## Due to

Arteriosclerosis

20 yrs

## Other conditions

Epilepsy

(Include pregnancy within 3 months of death)

## Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

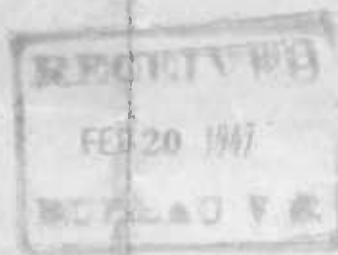
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

## 23. SIGNATURE

A. Jacob H. Dagenhart

M. D. or other

Address Jefferson Md. Date signed 2-17-47



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

01656

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

Frederick

County

Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

35 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harmony Grove

How long in hospital or institution?

## 3. (a) FULL NAME

ISRAEL CLINTON DELAUTER

## 4. Sex

M

## 5. Color or race

W

## 6.(a) Single, married, widowed, or divorced

W

## 6.(b) Name of husband or wife

Charlotte Hoover

## 7. Birth date of deceased (mo., day, yr.)

June 30, 1872

B. (c) If alive, give age years

## 8. AGE:

74

Years

7

Months

26

Days

If less than one day

hrs.

min.

## 9. Birthplace

Middletown-Frederick-Maryland

(Town, county, and state)

## 10. Usual occupation

Retired Merchant

## 11. Industry or business

FATHER

12. Name Israel DeLauter

13. Birthplace Frederick County Maryland

MOTHER

14. Maiden name Martha (last name unknown)

15. Birthplace Frederick County Maryland

## 16. Informant

R. L. DeLauter

## Address

Frederick, Maryland

## 17. Burial

(Burial, cremation, or removal, which?)

Date thereof 2/28/47

(month) (day) (year)

Cemetery or crematory

Grossnickle Cemetery

## Location

Near Ellerton, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

19. 27-Yr

1947

(Date rec'd by registrar)

Elizabeth G. Hecks.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Frederick

City or town Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No. Harmony Grove

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

7 Feb 26 1947 at SA M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1945, to Feb 26, 1947, and that I last saw him alive on Feb 25, 1947.

## Immediate cause of death

Osgood's

DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

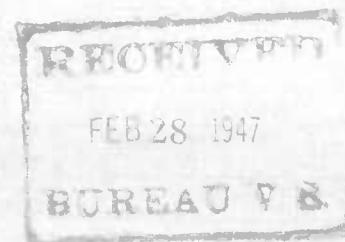
## Moene of injury

## Injured at work?

## 23. SIGNATURE

Elizabeth G. Hecks. M. D.

Address: Wethersville, Md Date signed: Feb 26, 1947



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

01657

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

4 Months

## 3. (a) FULL NAME

AGNES ELIZABETH DOLWICK

4. Sex      5. Color or race      6. (a) Single, married, widowed, or divorced

Female      White      Married

5. (b) Name of husband or wife J. Ernest Dolwick

6. (c) If alive, give age 61 years  
7. Birth date of deceased (mo., day, yr.) December 20, 18818. AGE:      Years      Months      Days      If less than one day  
65      1      21      hrs.      min.9. Birthplace Frederick, Maryland  
(Town, county, and state)

10. Usual occupation Retired Housewife

## 11. Industry or business

MOTHER FATHER 12. Name Edward Doll

13. Birthplace Frederick, Maryland

14. Maiden name Mary Ellen Keefer

15. Birthplace Frederick, Maryland

16. Informant Mr. J. Ernest Dolwick

Address Frederick, Maryland

17. Burial Date thereof February 13, 1947  
(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory Greenhill Cemetery

Location Martinsburg, W. Va.

18. Funeral director C. E. Cline &amp; Son

Address Frederick, Maryland

19. Age 19 Years Date rec'd by registrar 19. It

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 15 East Third Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 10

1947 at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec. 1 1946, to Feb. 10 1947

and that I last saw her alive on Feb. 10 1947

Immediate cause of death Carcinoma of colon

DURATION

3 months

Due to

Due to

Other conditions metastasis to lungs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

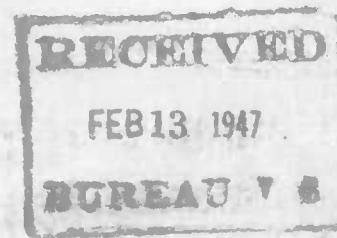
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. M. Smith M.D.  
Frederick, Md. M. D. or other  
Date signed 2-11-47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

## CERTIFICATE OF DEATH

01658  
Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

Frederick

County, Frederick

City or town, Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 Years

Hospital, institution, or street address where death occurred:

129 East Patrick Street

How long in hospital or institution?

## 3. (a) FULL NAME

Margaret Kefauver

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State, Maryland

County, Frederick

Frederick

City or town, Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No., 129 East Patrick Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war...

## 3. (b) Social Security Number

None

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M

## 8. (b) Name of husband or wife

James E. Doub, Sr.

## 7. Birth date of deceased (mo., day, yr.)

April 9, 1874

5. (c) If alive, give age 73 years

## 8. AGE:

Years

Months

Days

If less than one day

72

10

17

hrs.

min.

## 9. Birthplace

Middletown-Frederick-Maryland

(Town, county, and state)

## 10. Usual occupation

At Home

## 11. Industry or business

MOTHER FATHER William Kefauver

12. Name.....

Frederick County Maryland

13. Birthplace.....

Elizabeth Chamberlain

14. Maiden name.....

Frederick County Maryland

15. Birthplace.....

James E. Doub, Sr.

## 16. Informant.....

Address 129 E. Patrick St., Frederick, Md

## 17. Burial

Date thereof 2/28/47

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown, Maryland

## 18. Funeral director.....

M. R. Etchison and Son

Address.....

Frederick, Maryland

## 19. Date rec'd by registrar

19. 26 Feb

(Date rec'd by registrar)

Elizabeth L. Heck

Registrar

## 23. SIGNATURE

Bernard Kefauver Jr. M.D.

M. D. or other

Address.....

Frederick, Md

Date signed Feb 27, 1947

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Feb. 26

1947 at 12:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 15

1947 to Feb. 26 1947

and that I last saw her alive on Feb. 25 1947

## Immediate cause of death

Carcinoma breast, right.

Metastatic carcinoma, lungs.

Due to.....

Due to.....

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

Address.....

Frederick, Md

Date signed Feb 27, 1947

RECEIVED

FEB 28 1947

BUREAU V B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

01643

1310

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Baltimore  
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Baltimore City Hospital

How long in hospital or institution?

9 days

## 3. (a) FULL NAME

Fleming C. Donald Fleming

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (c) Single, married, widowed, or divorced

male

white married

6. (b) Name of husband or wife

Susan H. Fleming

6. (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.)

January 4 - 1883

8. AGE:

Years	Months	Days	If less than one day
64	5	0	hrs. mln.

9. Birthplace

Maryland - Carroll Co.

(Town, county, and state)

10. Usual occupation

Merchant

11. Industry or business

George A. Fleming

12. Name

George A. Fleming

13. Birthplace

Maryland

14. Maiden name

Susan H. Davis

15. Birthplace

Maryland

16. Informant

Mrs. Susan H. Fleming

Address

Ht. Acre. Md. P.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb - 11 - 1947

(month) (day) (year)

Cemetery or crematory

Taylorsville Cem.

Location

Taylorsville - Maryland

18. Funeral director

G. M. Walz

Address

Winfield Md

19. (Date rec'd by registrar)

19. 9 Feb

19. 1947

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Mt. Airy Rural RuralStreet No. 2430 (If rural, give LOCATION)

2.(a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1947 at 4 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 30, 1947 to February 9, 1947 and that I last saw him alive on February 9, 1947

Immediate cause of death

Acute coronary thrombosisDue to myocardia - transfixing 6 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Geare M.D. M. D. or otherAddress Frederick, Md Date signed 2/9/47

T



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01659

## CERTIFICATE OF DEATH

74a  
Reg. Dist. No. 1400

## 1. PLACE OF DEATH:

Frederick

County

Ladiesburg

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

15 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Bennie E. Frock

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

M W married

6.(b) Name of husband or wife Thelma Norris Frock

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1901

8. AGE: Years Months Days If less than one day  
45 3 24 hrs. min.9. Birthplace Va.  
(Town, county, and state)

10. Usual occupation Foreman of Warehouse

11. Industry or business Grocery

12. Name Samuel Frock

13. Birthplace Md

14. Maiden name Maud McKinney

15. Birthplace Md

16. Informant Mrs. Thelma Norris Frock

Address Ladiesburg, Md.

17. Burial Date thereof Feb. 22, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Haugh's  
Location Ladiesburg

18. Funeral director C. O. FUSS &amp; SON

Address Taneytown, Md.

19. Date rec'd by registrar Feb. 24, 1947

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Ladiesburg  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

214-10-5671

## MEDICAL CERTIFICATION

20. DATE OF DEATH 19 February 1947 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
1 November 1947 to 19 February 1947  
and that I last saw her alive on 19 February 1947

Immediate cause of death

Pulmonary Embolism 1100  
Duration 3 hoursDue to Phlebothrombosis, right femoral vein 99  
2 daysDue to Chronic lymphoid leukemia 74a  
4 months

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

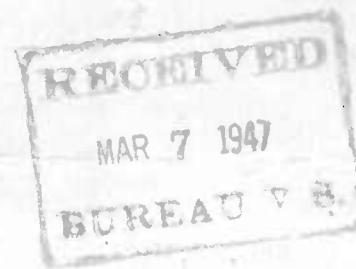
Means of injury

Injured at work?

23. SIGNATURE James E. Stoney Jr. MD

M. D. or other

Address Walkerville, Md. Date signed 20 Feb 1947



2-25-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23D

## CERTIFICATE OF DEATH

01660

151

Reg. Dist. No.

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 Years  
 Hospital, institution, or street address where death occurred:  
325 East Church Street  
 How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 325 East Church Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....  
None

3. (a) FULL NAME  
FLORENCE ANNA GREEN

3. (b) Social Security Number  
None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
-----------------	---------------------------	---

6.(b) Name of husband or..... Norman Green

7. Birth date of deceased (mo., day, yr.) February 2, 1899

8. AGE: Years 48 Months 0 Days 5 If less than one day  
 hrs. ..... min. ....

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation..... Domestic

11. Industry or business  
 FATHER Unknown

MOTHER Unknown

14. Maiden name Maggie Butcher

15. Birthplace Frederick County Maryland

16. Informant..... Norman Green

Address 325 E. Church St., Frederick, Md.

17. Burial  
 (Burial, cremation, or removal, where?) Date thereof 2/10/47  
 Cemetery or crematory Bartonsville Cemetery

Location Frederick, Md. - R. F. D. #1

18. Funeral director  
 M. R. Etchison and Son

Address Frederick, Maryland

19. W. Y. L. Elizabeth Etchison 19-47  
 (Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1947 9:35P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/1/2 1944 to 2/2/2 1947 and that I last saw her alive on 2/2/1 1947.

Immediate cause of death Pneumonia DURATION 1 hr

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE W. G. Bourne Jr. M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-10-47

BRIGHTON

FEB 11 1947

B.P.R.A.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

01661

## CERTIFICATE OF DEATH

Reg. Dist. No. 1370

## 1. PLACE OF DEATH:

County

Frederick

City or town

Libertytown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Type

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Francis E. Hammond

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m. 21. Widower

6. (b) Name of husband or wife

Sallie Sappington

7. Birth date of deceased (mo., day, yr.)

Sept. 24, 1863

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

83 5 0 hrs. min.

9. Birthplace

Libertytown, Md.

(Town, county, and state)

10. Usual occupation

Farmer

retired

11. Industry or business

Dawson &amp; Hammond

12. Name

Dawson &amp; Hammond

13. Birthplace

Libertytown, Md.

14. Maiden name

Ann M. Hammond

15. Birthplace

Frederick Co., Md.

16. Informant

Eugene Hammond

Address

Libertytown, Md.

17. Burial

Date thereof

Feb. 26, 1947

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or cemetery

St. Peter's Catholic

Location

Libertytown, Md.

18. Funeral director

Bould &amp; Hartley

Address

Woodsboro, Md.

19. Date rec'd by registrar

Feb. 25, 1947

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Frederick

City or town

Libertytown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb. 24 1947 at 12:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 19 - 1947 to Feb. 23 1947

end that I last saw him alive on Feb. 23 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

4 days

Due to Arterio-Sclerosis

20 years

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

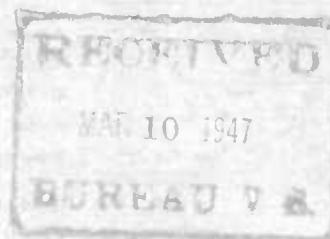
## 23. SIGNATURE

Otis B. Stone M.D.

M. D. or other

Address Libertytown Md. Date signed Feb. 25, 1947

RECEIVED TO COMMUNIST STATE OF INDIA  
BY COMMUNIST STATE OF INDIA  
COMMUNIST STATE OF INDIA



2-35

Evidence for the addition of  
item 17 is shown on  
G 108 2/14/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01662

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County **Frederick**  
City or town **State Sanatorium, Maryland**  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Since 10/1/46**

Hospital, institution, or street address where death occurred:

**Maryland Tuberculosis Sanatorium**

How long in hospital or institution? **Since 10/1/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State **Maryland** County **Baltimore**

City or town **Lansdowne**  
(If outside city or town limits, write RURAL and give nearest town)

Street No. **23 Second Ave.**

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

**Dorothy Harden**

3. (b) Social Security Number

**219-01-7263**

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

**Female**

**White**

**Married**

6.(b) Name of husband **William C. Harden**

6.(c) If alive, give age **43** years

7. Birth date of deceased (mo., day, yr.) **Nov. 24, 1903**

8. AGE: Years **43** Months **2** Days **12** If less than one day  
hrs. ..... min.

9. Birthplace **Pikesville, Md.**

(Town, county, and state)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER **Richard Whitcomb**

12. Name **Harford County, Md.**

13. Birthplace **Ruth Fuller**

14. Maiden name **Baltimore County, Md.**

15. Birthplace **(Daughter)**

Address

17. Burial Date thereof **Feb. 8, 1947**  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Mt. Pleasant Cemetery**

Location **Gamber, Maryland**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Maryland**

19. **Feb. 6, 1947**  
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **February 5** 1947 at **5:05 P.M.**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from **October 1, 1946** to **Feb. 5, 1947**

and that I last saw her alive on **February 5, 1947**

Immediate cause of death

**Pulmonary Tuberculosis**

DURATION  
**6 Mos.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

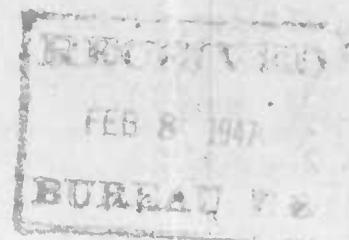
Injured at work?

23. SIGNATURE

*A. G. Baker*

M. D. *X*

Address **State Sanatorium, Md.** Date signed **2/6/47**



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

01663

Reg. Dist. No.

1457

## 1. PLACE OF DEATH:

County

City or town

Frederick

Myersville, Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Virginia S Hirleman

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widowed

6. (b) Name of husband or wife

Jacob Hirleman

7. Birth date of deceased (mo., day, yr.)

January 31, 1864

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

83 1 17 hrs. min.

9. Birthplace

Pennsylvania

(Town, County, and state)

10. Usual occupation

Housewife

11. Industry or business

Henry Reeler

12. Name

Benton Pa

13. Birthplace

Susan Stewart

14. Maiden name

Benton Pa

15. Birthplace

Mrs. Lebas Shiley

16. Informant

Middletown Md

Address

Burial

(Burial, cremation, or removal, Which?)

Date thereof Feb 22, 1947

(month)

(day)

(year)

Cemetery or crematory

Benton-Pa

Location

Benton, Pa

18. Funeral director

Gladhill Co

Address

Middletown, Md

19. Date rec'd by registrar

Feb 20 1947

Date signed

Mary M. Battle

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa

County Columbia

City or town Benton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 18 1947 at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 13 1947 to Feb 18 1947

and that I last saw her alive on Feb 18 1947

Immediate cause of death

Coronary Occlusion

Due to

Due to

N Coron + Arteriosclerosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

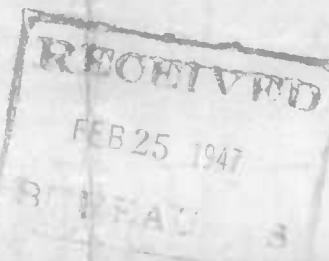
Injured at work?

23. SIGNATURE

J.S. Hark Md

M. D. or other

Address Middletown Date signed Feb 19 1947



2-25

2-1450 ————— 2-10

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 142

01664

## CERTIFICATE OF DEATH

Reg. Dist. No.

1320

## 1. PLACE OF DEATH,

County Frederick

City or town Middletown

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Minnie P. Hoffmann

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widowed

6. (b) Name of husband or wife Lorin K. Hoffmann

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years  
79Months  
6Days  
7

If less than one day

hrs.

min.

9. Birthplace Myersville, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Samuel Palmer

13. Birthplace Myersville, Md.

14. Maiden name Rosene Lampman

15. Birthplace Myersville, Md.

16. Informant Russell Hoffmann

Address Middletown, Md.

17. Burial Date thereof Feb. 18, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory United Brethren Cemetery

Location Myersville, Md.

18. Funeral director Hillbill Co.

Address Middletown, Md.

19. Feb 18, 1947 Main, Gladiee

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County Frederick

City or town Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

No

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 16, 1947 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1946 to Feb 16, 1947

and that I last saw her alive on Feb 10, 1947

Immediate cause of death

Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

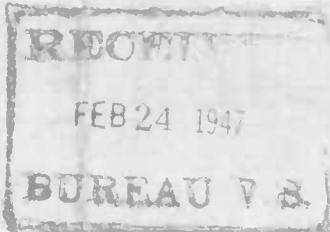
23. SIGNATURE

J E Harp MD

M. D. or other

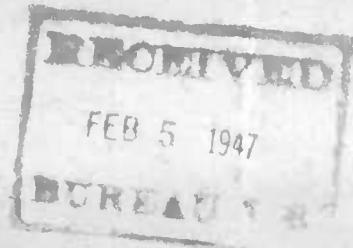
Address Middletown Date signed 2-17-47

Comuter  
COPY SENT TO ~~LOCAL~~ REGISTRAR NO. \_\_\_\_\_ DATE 2/24/47



2-35-





1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 139

01666

## CERTIFICATE OF DEATH

Reg. Dist. No.

1310

## 1. PLACE OF DEATH:

County

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Ruth Diane Jones

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Jan. 25-1947

6. (c) If alive, give age

years

8. AGE:

Years      Months      Days      If less than one day  
0      0      8      hrs.      min.

9. Birthplace

(Town, county, and state)

Maryland

10. Usual occupation

11. Industry or business

12. Name

John B. Jones

MOTHER FATHER

13. Birthplace

Maryland

14. Maiden name

Helen M. Wigginton

15. Birthplace

Maryland

16. Informant

John B. Jones

Address

Baltimore Md.

Burial

Date thereof Feb. 4, 1947

(Burial, cremation, or removal, if any)

(month) (day) (year)

Cemetery or crematory

Reform

Location

Brookville Md.

18. Funeral director

C. H. Fuelys &amp; Son

Address

Baltimore Md.

19. Date rec'd by registrar

19 H7

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5 South Virginia Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Outcome

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Frederick Md. Date signed Feb 2-47

RECEIVED

FEB 4 1947

BUREAU V 8

1 - 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on G 108 2/18/67

## Evidence for the change of MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 163-B

01667

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

Frederick  
Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

1 da.

Hospital, Institution, or street address where death occurred:

Frederick City Hospital  
Frederick

How long in hospital or institution?

1 da.

## 3. (a) FULL NAME

ISABELL S. KELLY

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

John S. Kelly

6.(c) If alive, give age 36 years

7. Birth date of deceased (mo. day, yr.)

March 14 - 1912.

8. AGE:

34

Years

65

Months

10

Days

25

If less than one day

hrs.

min.

9. Birthplace

Md.

(Town, county, and state)

10. Usual occupation

B.R.P.R. messenger

11. Industry or business

Howard L. Dibble

12. Name

Howard L. Dibble

13. Birthplace

Md.

Md.

14. Maiden name

Terese E. Cahill

15. Birthplace

Md.

Md.

16. Informant

Ruth M. Kidwell

Address

Brunswick Md.

17. Burial

Burial

Date thereof

Feb.

1967

(month)

(day)

(year)

(Burial, cremation, or removal. Which?)

Reformed

Cemetery or cemetery

Knoxville Md.

Location

C. H. Fife &amp; Son

18. Funeral director

Brunswick Md.

Address

Elizabethtown

19. I.D. - Yeb

1967

(Date rec'd by registrar)

Registrar

Elizabeth Heck

Signature

Charley L Coxley Jr. M.D.

Deputy Medical Examiner

or other

Frederick, Md.

Data signed

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Frederick

City or town

Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

810 East B.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 9 February 1947 at 6:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19. to 19.

and that I last saw her dead on 9 February 1947.

Immediate cause of death

Poisoning Carbolicate 12 hrs (?)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 9 Feb. 47

Where did injury occur? Brunswick Fred. Md. (City or town) (County) (State)

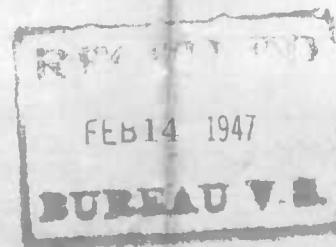
Injured at home, farm, industry, public place (where?) Home

Means of injury Overdose Phenobarb Injured at work? No.

23. SIGNATURE

Deputy Medical Examiner or other

Frederick, Md. Data signed



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK  
Supply every item of information carefully. The correct  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

01668

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

2 Days

How long in hospital or institution?

## 3. (a) FULL NAME

DAISY BIRELY KEMP

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

F

W

W

6.(b) Name of husband or wife

Robert A. Kemp

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

August 14, 1872

8. AGE:

Years

Months

Days

If less than one day

74

6

7

hrs.

min.

9. Birthplace

Ladiesburg-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

12. Name

Jacob M. Birely

13. Birthplace

Carroll County Maryland

14. Maiden name

Martha Ellen Fesser

15. Birthplace

Carroll County Maryland

16. Informant

Mrs. William R. Slemmer, Sr.

Address

R. F. D. #5, Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 22 Feb 1947

(Date rec'd by registrar)

Elizabeth G. Heel

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Frederick

City

Frederick-Rural R. F. D. #5

Street No.

(If outside city or town limits, write RURAL and give nearest town)

Clifton

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 21st 1947 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 19 1947 to Feb. 21 1947

and that I last saw her alive on Feb. 21 1947

Immediate cause of death

Cerebral Hemorrhage

Due to

Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

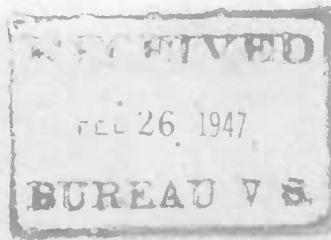
23. SIGNATURE

A. A. Pearce

M. D.

Address

Frederick, Maryland Date signed 2-22-47



1-35-

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

01669

## CERTIFICATE OF DEATH

Reg. Dist. No. 151

## 1. PLACE OF DEATH:

County Frederick  
 City Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 YearsHospital, Institution, or street address where death occurred:  
I. O. O. F. HomeHow long in hospital or institution? 5 Years

## 3. (a) FULL NAME

JOHN ALEXANDER KEYES

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
-----------------	---------------------------	---

6. (b) Name of husband or wife Esther Mary Spencer7. Birth date of deceased (mo. day, yr.) October 28, 1864

8. AGE: Years <u>83</u>	Months <u>3</u>	Days <u>18</u>	If less than one day hrs. <u></u> min. <u></u>
-------------------------	-----------------	----------------	---

9. Birthplace Canada  
(Town, county, and state)10. Usual occupation None

11. Industry or business

MOTHER FATHER 12. Name Robert Keyes13. Birthplace Ireland14. Maiden name Sarah Jane Hewill15. Birthplace Ireland16. Informant I. O. O. F. Home RecordsAddress R. F. D. #1, Frederick, Maryland17. Burial Date thereof 2/18/47  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or embalming Stone Chapel CemeteryLocation Near Pikesville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. W. M. Smith Elizabeth G. Heck  
(Date rec'd by registrar) 1947 Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Baltimore

or town Pikesville (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 10th 1947 at 4:45 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1946 to Feb. 10 1947and that I last saw him alive on Feb. 9 1947Immediate cause of death Acute dilatation heart DURATION 4 days.Due to Chronic myocarditisDue to Other conditions X

(Include pregnancy within 8 months of death)

Major findings of operations X Date of op. 2/18/47Autopsy results X

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of Where did injury occur?  (City or town)  (County)  (State)Injured at home, farm, Industry, public place (where?) Means of injury  Injured at work? 23. SIGNATURE W. M. Smith M. D. or other Address Frederick, Maryland Date signed 2-11-47

RECEIVED

FEB 12 1947

BUREAU OF INVESTIGATION

1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-A)

## CERTIFICATE OF DEATH

0167151

Reg. Dist. No. 151

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 Years

Hospital, institution, or street address where death occurred:

Near Frederick

How long in hospital or institution?

## 3. (a) FULL NAME

CHARLES FRANKLIN KINTZ

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

M

W

W

## 6. (b) Name of husband or wife

Badelia Kemp

## 7. Birth date of deceased (mo., day, yr.)

November 14, 1855

## 6. (c) If alive, give age years

## 8. AGE:

Years	Months	Days	If less than one day
91	2	22	hrs. min.

## 9. Birthplace

Penns.  
(Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

Frederick Kintz

## MOTHER FATHER

12. Name

Frederick Kintz

## 13. Birthplace

Penns.

## 14. Maiden name

Susan Hare

## 15. Birthplace

Penns.

## 16. Informant

Mrs. Roy L. Crum

## Address

R. F. D. #1, Frederick, Md.

## 17. Burial

(Burial, cremation, or removal: When?) Date thereof 2/8/47 (month) (day) (year)

Mount Olivet Cemetery

## Cemetery or crematory

Frederick, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

## 19. (Date rec'd by registrar)

1947

Elizabeth J. Heck  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

Near Frederick

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

February 6, 1947, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Mechanics Axle

DURATION

1 Day

Due to

Mechanics Axle

Due to

Mechanics Axle

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

M. D.

M. D. or other

Date signed 2-7-47

RECEIVED

FEB 8 1947

P.T.H.A. 1 3

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01671

159

## CERTIFICATE OF DEATH

131

Reg. Dist. No.

## 1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

Since January 27, 1947

How long in hospital or institution?

## 3. (a) FULL NAME

DOLLY ANN KLIPP

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

January 27, 1947

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

12. Name

Charles H. Klipp, Jr.

13. Birthplace

Frederick County Maryland

Mildred Welty

14. Maiden name

Frederick County Maryland

15. Birthplace

Charles H. Klipp, Jr.

489 E. Church St., Frederick, Md.

16. Informant

Burial

(Burial, cremation, or removal; which?)

Date thereof

(month) (day) (year)

2/6/47

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

5 February 1947

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

489 East Church Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 4, 1947, at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 27, 1947, to Feb 4, 1947,

and that I last saw her alive on

Immediate cause of death

Bronchopneumonia

DURATION

1 day

Due to Aspiration of milk

Due to Peritonitis (7% monthly)

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

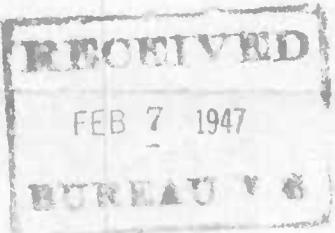
23. SIGNATURE

S. Silverman M. D.

M. D. or other

Frederick, Maryland

Date signed 2-5-47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *140*

01672

## CERTIFICATE OF DEATH

131

Reg. Dist. No.

## 1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

60 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Adamstown

How long in hospital or institution?

## 3. (a) FULL NAME

JESSE KREIG

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

W

6. (b) Name of husband or wife

Ruth A. Padgett

## 7. Birth date of deceased (mo., day, yr.)

February 25, 1856

6. (c) If alive, give age years

## 8. AGE:

Years	Months	Days	If less than one day
90	11	11	hrs. min.

## 9. Birthplace

Baltimore, Maryland

(Town, county, and state)

## 10. Usual occupation

Retired Merchant

## 11. Industry or business

William Kreig

MOTHER FATHER

Germany

MOTHER

Mary Martell

FATHER

Alsace Lorraine

## 16. Informant

Miss Mary L. Kreig

## Address

Adamstown, Maryland

## 17. Burial

(Burial, cremation, or removal, which?)

Date thereof 2/8/47

(month) (day) (year)

## Cemetery or crematory

Mount Olivet Cemetery

## Location

Frederick, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

19. 7-4eb  
(Date rec'd by registrar)

1947

Eligable for Tech.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

Frederick

County

Adamstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1947, at 6:05A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

24 October 1946, to 6 Feb. 1947,

and that I last saw him alive on 5 February 1947.

Immediate cause of death

Coronary atherosclerosis

DURATION

2wks(?)

Due to Arteriosclerosis

20 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles S. Conley, M. D.

M. D. or other

Address Frederick, Maryland

Date signed 2-7-47

RECEIVED

FEB 12 1947

BUREAU OF

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

01673

## CERTIFICATE OF DEATH

Reg. Dist. No. 1411

## 1. PLACE OF DEATH:

County

Frederick

City or town

Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 58 yrs.

Hospital, institution, or street address where death occurred:

320 Brunswick St.

How long in hospital or institution?

## 3. (a) FULL NAME

Luther Ellsworth McBride

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

## 6.(b) Name of husband or wife

Lizzie M. Tritapoe

## 7. Birth date of deceased (mo. day, yr.)

Jan. 27, 1864

6.(c) If alive, give age 79 years

## 8. AGE:

Years      Months      Days      If less than one day  
83      0      16      hrs.      min.

## 9. Birthplace

Maryland

(Town, county, and state)

## 10. Usual occupation

Retired Clerk

## 11. Industry or business

Store

MOTHER FATHER

Henry C McBride

## 13. Birthplace

Maryland

## 14. Maiden name

Margaret Siger

## 15. Birthplace

Maryland

## 16. Informant

H. Ellsworth McBride

## Address

Baltimore Md.

## 17. Burial

Date thereof Feb. 16, 1947

(Burial, cremation, or removal, Which?)

## Cemetery or crematory

Burkittsville

## Location

Burkittsville Md.

## 18. Funeral director

L. H. Foster &amp; Son

## Address

Brunswick Md.

## 19. Date rec'd by registrar

Feb. 16 1947

(Date rec'd by registrar)

Kathryn H. Brown  
Rep. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

320 Brunswick St

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Feb 13

1947

at 3:45 P.M.

## 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec 22 1946 to Feb 13 1947

and that I last saw her alive on Feb 12 1947

Immediate cause of death

Chlorosclerosis (Stroke)

DURATION

4 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

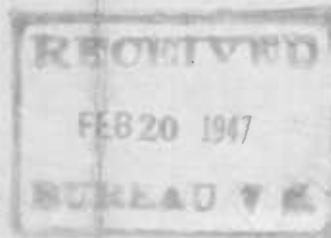
## 23. SIGNATURE

John H. Brown  
M. D. or other

Address

Brunswick

Date signed 2/16/47



1-25

2-1410 — 1-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-B

01674

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County

City or town

Frederick

Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montevue Home

How long in hospital or institution?

8 years.

## 3. (a) FULL NAME

Mary Ellen Miller

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 31

6. (c) If alive, give age

years

1862

8. AGE:

Years

Months

Days

It less than one day

84

8

25

hrs.

min.

9. Birthplace

Sabillassville, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

MOTHER FATHER

Washington Millard

12. Name

Washington Millard

13. Birthplace

Sabillassville, Md.

14. Maiden name

Martha F. Keddel

15. Birthplace

Boonesboro, Md.

16. Informant

Mrs. Earl Eby

Address

Sabillasville, Md.

17. Burial

Date thereof

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

Sabillasville, Md.

18. Funeral director

M. B. Leaguer &amp; Son

Address

Thurmont, Md.

19. 26 Feb

(Date rec'd by registrar)

19 H.T.

Elizabeth G. Hecke

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Sabillasville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

WWII

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 25 1947 at 8A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1946 to Feb. 25 1947

and that I last saw her alive on Feb. 25 1947

Immediate cause of death

Pulmonary Tuberculosis

DURATION

10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

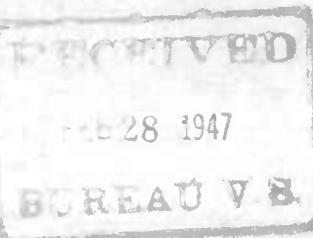
23. SIGNATURE Bernard Thomas Jr. M.D.

M. D. or other

Address Frederick, Md. Date signed Feb. 25, 1947

RECEIVED TO TRINITY AND STAG. WILLIAM

RECEIVED TO STAG. WILLIAM



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01675

## CERTIFICATE OF DEATH

131

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 Years

Hospital, Institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 1 Week

## 3. (a) FULL NAME

ISABELL MURDOCK

4. Sex F	5. Color or race C	6.(a) Single, married, widowed, or divorced W
----------	--------------------	---

6.(b) Name of husband or wife Samuel Murdock

7. Birth date of deceased (mo. day, yr.) Unknown 1891

8. AGE: Years Months Days If less than one day  
56?                hrs.      min.9. Birthplace Yellow Springs-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Domestic

## 11. Industry or business

MOTHER FATHER  
 12. Name George Norris  
 13. Birthplace Frederick County Maryland

MOTHER  
 14. Maiden name Georgeanna Schley  
 15. Birthplace Frederick County Maryland

16. Informant Mrs. William F. Scott  
 Address Frederick, Maryland

17. Burial Date thereof Feb - 15 - 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 15 Feb 1947  
 (Date rec'd by registrar)

Elizabeth L. Heck  
 Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 320 Klinehart's Alley

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1947 at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 9, 1947, to Feb 13, 1947

and that I last saw her alive on Feb 13, 1947

Immediate cause of death

Heart attack  
 Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

...Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

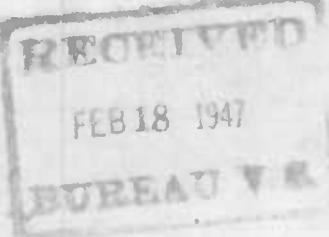
Means of injury

Injured at work?

23. SIGNATURE E.P. Thomas M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-14-47



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

01676

## CERTIFICATE OF DEATH

Reg. Dist. No. 1318

1. PLACE OF DEATH:  
County..... Frederick  
City or town..... Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 3 years

Hospital, Institution, or street address where death occurred:  
Emergency Hospital

How long in hospital or institution?..... 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Frederick  
City or town..... Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)

Street No..... Montevue  
(If rural, give LOCATION)  
None

2.(a) If veteran, name war..... None

3. (a) FULL NAME  
MARY MURPHY

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6. (b) Name of husband or wife..... Sydner Murphy

7. Birth date of deceased (mo., day, yr.)..... May 2, 1865

8. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day

81	9	8	hrs. min.
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9. Birthplace..... Winchester, Virginia  
(Town, county, and state)

10. Usual occupation..... Retired Servant

11. Industry or business

12. Name..... Marshall Kenny

13. Birthplace..... Virginia

14. Maiden name..... Sarah Johnson

15. Birthplace..... Virginia

16. Informant..... Emergency Hospital Records

Address..... Frederick, Maryland

17. Burial..... Date thereof Feb. 12, 1947  
(Burial, cremation, or removal, which?)  
Cemetery or assembly..... Harpers Cemetery  
Location..... Harpers Ferry, W. Va.

18. Funeral director..... C. E. Cline & Son

Address..... Frederick, Maryland

19. 12 Years 1947 Elizabeth G. Heck.  
(Date rec'd by registrar) Registrar

3. (b) Social Security Number  
None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 10 1947 at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1946, to Feb. 10, 1947  
and that I last saw her alive on Feb. 10, 1947.

Immediate cause of death..... Chronic nephritis

Due to.....

Due to.....

Other conditions.....

(Indicate pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Bernard Heenan, M.D.  
M. D. or other

Address..... Frederick, Md. Date signed Feb. 11, 1947

RECEIVED

FEB 13 1947

BUREAU V A

1-357

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01677

## CERTIFICATE OF DEATH

Reg. Dist. No. 1410

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

## 1. PLACE OF DEATH:

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 56 yrs

Hospital, institution, or street address where death occurred:

115 East H St.

How long in hospital or institution?

## 3. (a) FULL NAME

John Aaron Nixon

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Mollie Berg

7. Birth date of deceased (mo., day, yr.)

April 11 1858

6. (c) If alive, give age years

8. AGE:

Years  
88Months  
10Days  
11If less than one day  
hrs. min.

9. Birthplace

West Virginia

(Town, county, and state)

10. Usual occupation

Retired B&amp;O RR Engineer

11. Industry or business

Transportation

MOTHER FATHER

12. Name

James E. Nixon

13. Birthplace

West Virginia

14. Maiden name

Malinda Slump

15. Birthplace

West Virginia

16. Informant

Mrs. Ralph Manuel

Address

Brunswick Md

Burial

Date thereof Feb 25 1947

(Burial, cremation, or removal. Which?)

Cemetery or crematory

St. Marks

Location

Rural Brunswick Md

18. Funeral director

G. D. Felt &amp; Son

Address

Brunswick Md

Feb 25 1947 Eugenia St Burke  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick (If outside city or town limits, write RURAL and give nearest town)

Street No. 115 East H St (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1947 21 8 15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 8 1947 to Feb 22 1947

and that I last saw him alive on Feb 20 1947

Immediate cause of death

Atherosclerosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injuring at work?

23. SIGNATURE

G. D. Felt &amp; Son M. D. or other

Address 2/24/47 Date signed



1 - 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

## CERTIFICATE OF DEATH

Reg. Dist. No. 1340

01678

## 1. PLACE OF DEATH:

County.....

Fredrick

City or town.....

Rural, Emmitsburg Md., R.D.#1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

87 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Frances Cordelia Ott

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Fm

white

widow

Charles W.Ott

6.(b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.)

October 25, 1859

6.(c) If alive, give age.....years

8. AGE: Years

Months

Days

If less than one day

87

4

6

hrs.

min.

9. Birthplace..... Adams Co., Pa.

(Town, county, and state)

10. Usual occupation.....

Housekeeper

## 11. Industry or business

12. Name..... William Brawner

13. Birthplace.....

Unknown

14. Maiden name.....

Catherine Shindledecker

15. Birthplace.....

Unknown

18. Informant.....

Robert D. Egler

Address..... Emmitsburg Md., R.D.#1

17. Burial

Date thereof..... Feb 4, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

St Anthony Shrine

Location.....

Emmitsburg, Md.

18. Funeral director.....

A. L. Gilligan

Address.....

Emmitsburg, Md.

19. Date rec'd by registrar.....

Feb 3= 1947

(Date rec'd by registrar)

W.F. Shultz  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Fredrick

City or town..... Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Emmitsburg, R.D.#1

(If rural, give LOCATION)

2 miles south

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Feb - 1 1947 at 4 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 19 to 1947

end that I last saw her alive on Jan 21 1947

Immediate cause of death.....

arteriosclerotic cardio vascular disease several years

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

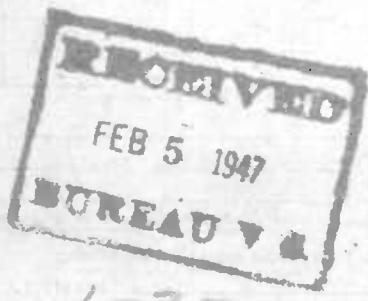
Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... 22-47

Date signed.....



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

01679

## CERTIFICATE OF DEATH

Reg. Dist. No. 1316

## 1. PLACE OF DEATH:

County

Frederick

City or town

Adamstown - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Aliced Pearson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

Widowed

6. (b) Name of husband or wife

Lillie A Pearson

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Sept 4-1858

8. AGE:

Years Months Days If less than one day

88

5

5

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Partner

11. Industry or business

Unknown

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Ernest Pearson

Address

Adamstown - RFD Md.

17. Burial

Date thereof Feb 12-47  
(Burial, cremation, or removal. Which?)  
(month) (day) (year)

Cemetery or crematory

Montgomery

Location

Beallsville Md

18. Funeral director

William B. Hiltz

Address

Barnevilles, Md

19. M. I. Y. b.

1947  
(Date rec'd by registrar)

Slightly Tech.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Montg

City or town

Poplarsville Md

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 9 1947 at 4 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 3 1947 to Feb 9 1947

and that I last saw h. u. alive on Feb. 8 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 wks.

Due to: Arteriosclerosis generalized

?

Due to:

Other conditions CARCINOMA OF RECTUM

?

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Arthur K. John MD

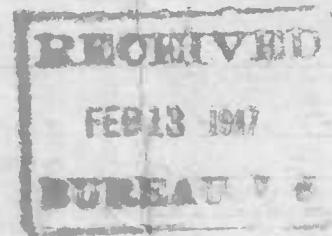
M. D. or other

Address

Poplarville, Md

Date signed

Feb 10-1947



1-35

Evidence for he change of  
age is shown on G 109 4/7/47

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

01680

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

55 yrs

Hospital, Institution, or street address where death occurred:

Fredrick City Hospital

How long in hospital or institution?

### 3. (a) FULL NAME

Walter J. Peyton

4. Sex

5. Color or race

Male

White

6. (a) Single, married, widowed, or divorced

single

### 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

July 24

1884

If less than one day

hrs.

min.

62

68

6

29

hrs.

min.

62

68

6



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

01681

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County

Frederick

City or town State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Since 6/11/45

How long in above place of death?

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

Since 6/11/45

How long in hospital or institution?

## 3. (a) FULL NAME

Mark Ward Pratt

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

March 20, 1917

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

29

10

17

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Mechanic

11. Industry or business

12. Name

Martin F. Pratt

13. Birthplace

North Carolina

14. Maiden name

Mary G. Snead

15. Birthplace

North Carolina

16. Informant

Deceased

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb. 8, 1947  
(month) (day) (year)Cemetery or crematory Black Rock Baptist Church Cen.  
Location Butler, Md.

18. Funeral director

Wm. R. Pumphrey

Address

Bethesda, Md.

19. Feb. 6

19. 47

J. B. - Apr  
Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville (If outside city or town limits, write RURAL and give nearest town)

Street No. Potomac, Rt. 1

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

220-01-0472

## MEDICAL CERTIFICATION

2D. DATE OF DEATH February 6 1947 at 3:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1945 to Feb. 6 1947

and that I last saw him alive on February 6 1947

Immediate cause of death

Pulmonary Tuberculosis

DURATION

35 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

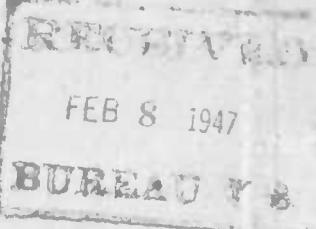
Injured at work?

23. SIGNATURE

R. L. Beavis

M. D. XXXX

Address State Sanatorium, Md. Date signed 2/6/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-A

01682

131

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

35 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

5 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 14 West Sixth Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

EUGENE ROBERTS

None

4. Sex

M

5. Color or race

C

8.(a) Single, married, widowed, or divorced

M

6.(b) Name of husband or wife

Nannie West

7. Birth date of deceased (mo., day, yr.)

Unknown

6.(c) If alive, give age

57

years

1866

8. AGE: Years

71 ?

Months

Days

If less than one day

hrs. min.

9. Birthplace

Nr. Libertystown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

Lawson Roberts

MOTHER FATHER

Frederick County Maryland

MOTHER

14. Maiden name

Unknown

Frederick County Maryland

15. Birthplace

Mrs. Nannie Roberts

16. Informant

Address 14 W. 6th St., Frederick, Md.

Burial

(Burial, cremation, or removal, which)

Date thereof 2/24/47

(month) (day) (year)

Cemetery or cemetery

Fairview Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 24 Feb

(Date rec'd by registrar)

19. 47

Elizabeth G. Hedges

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 14 West Sixth Street

(If rural, give LOCATION)

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 22nd, 1947 at 8:20A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1947 to Feb 22 1947

and that I last saw him alive on Feb 21 1947

Immediate cause of death

Cardiac Decompensation

DURATION 1 month

Due to Cancer Muscular Dystrophy

Due to

Other conditions Nannie + Senility

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work

23. SIGNATURE H. Lawrence Fahaney M.D.

M.D. or other

Address Frederick, Maryland Date signed 2-24-47



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01683

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct  
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH:  
County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 Years

Hospital, Institution, or street address where death occurred:  
505 Magnolia Avenue

How long in hospital or institution?

3. (a) FULL NAME  
JAMES N. ROBERTS

4. Sex M 5. Color or race W 6. (e) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Elsie J. Null

7. Birth date of deceased (mo. day, yr.) January 14, 1871 6. (e) If alive, give age 76 years

8. AGE: Years 76 Months 1 Days 17 If less than one day hrs. min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name William H. Roberts

13. Birthplace West Virginia

14. Maiden name Sarah Beall

15. Birthplace Frederick County Maryland

16. Informant W. Maurice Roberts

Address 505 Magnolia Ave., Frederick, Md.

17. Burial Date thereof 2/14/47  
(Burial, cremation, or removal - Which?)

Cemetery or cemetery Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 14 Feb 1947 (Date rec'd by registrar)

Elizabeth G. Heck  
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 505 Magnolia Avenue  
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number  
None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1947 at 5:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 7, 1947 to Feb 11, 1947  
and that I last saw him alive on Feb 11, 1947

Immediate cause of death Uremia  
Due to Cerebral thrombosis DURATION 3 days

Due to Advanced arterio - Sclerosis and Hyper tension Years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

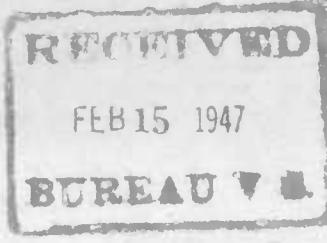
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Schaeffer M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-13-47



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0168  
139

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

Count... Frederick  
 City or town... State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 12/13/46

Hospital, Institution, or street address where death occurred:  
 Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 12/13/46

## 3. (a) FULL NAME

Elmer F. Ruse

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male	White	Married
------	-------	---------

6.(b) Name of ~~husband~~ wife Mary Jane Ruse

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1901

8. AGE: Years Months Days If less than one day  
45 1 14 hrs. min.9. Birthplace Prince George County, Md.  
(Town, county, and state)

10. Usual occupation Farmer

## 11. Industry or business

MOTHER FATHER	12. Name David F. Ruse 13. Birthplace Louden County, Va.
MOTHER	14. Maiden name Elizabeth Gill 15. Birthplace Louden County, Va.

16. Informant Deceased

## Address

17. Burial Date thereof Feb. 5, 1947  
(Burial, cremation, or removal. Which?)

Cemetery or crematory Union Cemetery  
 Location Burtonsville, Md. Montg Co.  
 Warner Pumphrey's

18. Funeral director Warner Pumphrey's  
Address Silver Springs, Md.

19. Feb. 3 1947  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Montgomery

City or town... Burtonsville  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number  
220-09-6611

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1947 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 13 1946 to Feb. 2 1947  
 and that I last saw him alive on February 2 1947

Immediate cause of death  
Pulmonary Tuberculosis

DURATION  
9 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

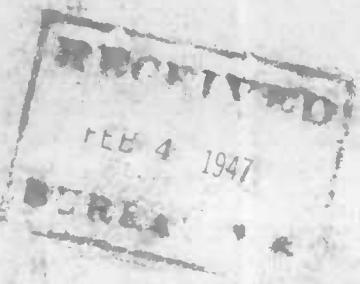
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. ~~XX~~

Address State Sanatorium, Md. Date signed 2/3/47



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Baltimore*

01685

*bc*

139

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

Frederick

County

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Since 8/28/46

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

Since 8/28/46

## 3. (a) FULL NAME

Serafin Salgado

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of ~~XXXX~~ wife Grace Salgado

7. Birth date of deceased (mo. day, yr.)

May 7, 1907

6.(c) If alive, give age years

8. AGE:

Years  
39Months  
8Days  
26

It less than one day

hrs. min.

9. Birthplace Baltado, Spain

(Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business

12. Name Joseph Salgado

13. Birthplace Baltado, Spain

14. Maiden name Pilar Olibares

15. Birthplace Baltado, Spain

16. Informant Deceased

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 2/5/47

(month) (day) (year)

Cemetery ~~XXXXXX~~ Sacred Heart

Location Baltimore, Maryland

18. Funeral director M. L. Creager &amp; Son

Address Thurmont, Maryland

19. Feb. 3 19 47

(Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNPADDED INK. Supply every item of information carefully. Use correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 608 S. Broadway

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

234-01-1200

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 2

19 47

at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 28 1946 to Feb. 2 1947

and that I last saw him alive on February 2 1947

Immediate cause of death

Pulmonary Tuberculosis

DURATION

8 MO.S.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

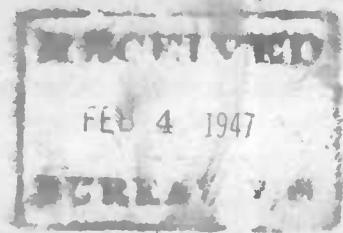
Means of injury Injured at work?

23. SIGNATURE

R. B. Salgo

M. DEXXER

Address State Sanatorium, Md. Date signed 2/3/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

01686

1310

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? Since December 19, 1946

## 3. (a) FULL NAME

CORA MAY SCHMIDT

## 4. Sex

F

## 5. Color or race

W

## 6.(a) Single, married, widowed, or divorced

W

## 6.(b) Name of husband or wife

Jacob H. Schmidt

6.(c) If alive, give age years

## 7. Birth date of deceased (mo. day, yr.)

April 3, 1877

## 8. AGE:

Years	Months	Days	If less than one day
69	10	15	hrs. min.

## 9. Birthplace

Littleton, ILL.

(Town, county, and state)

## 10. Usual occupation

At Home

## 11. Industry or business

MOTHER FATHER	12. Name	Edward Little
	13. Birthplace	Washington County Maryland

MOTHER	14. Maiden name	Martha Colenburg
	15. Birthplace	Frederick County Maryland

16. Informant	Mrs. John S. Miller
Address	Catonsville, Maryland

17. Burial	Date thereof	2/21/47	
(Burial, cremation, or removal, which)	(month)	(day)	(year)

Cemetery or crematory	Mount Olivet Cemetery
Location	Frederick, Maryland

18. Funeral director	M. R. Etchison and Son
Address	Frederick, Maryland

19. Date rec'd by registrar	Elizabeth G. Heck
(Date rec'd by registrar)	Registrars

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

226 South Market Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 18, 1947 at 9:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 18, 1946 to February 19, 1947

and that I last saw her alive on 18 February 1947

Immediate cause of death

arterio-sclerotic Cardio - renal disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Charles E. Conley, M.D.  
M.D. or other  
Frederick, Maryland Date signed 2-20-47



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

01687

131

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

50 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Emergency Hospital

1 month

How long in hospital or institution?

## 3. (a) FULL NAME

RICHARD ARTHUR SELBY

4. Sex ..... 5. Color or race ..... 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) April 24, 1869

6. (c) If alive, give age..... years

8. AGE: Years Months Days It less than one day  
77 9 11 ..... hrs. ..... min.

9. Birthplace..... Montgomery County, Maryland

(Town, county, and state)

10. Usual occupation..... Ox Fibre Brush Company

## 11. Industry or business

12. Name..... Nathan R. Selby

13. Birthplace..... Montgomery County, Maryland

14. Maiden name..... Susan Ray

15. Birthplace..... Montgomery County, Maryland

16. Informant..... Emergency Hospital Records

Address..... Frederick, Maryland

17. Burial..... Date thereof..... 2/7/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... C. E. Cline &amp; Son

Address..... Frederick, Maryland

19. Date rec'd by registrar..... 7 February 1947

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 320 East Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 4, 1947, at 5:10 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Oct - 10, 1946, to Feb 4, 1947

and that I last saw h. f. m. alive on Feb 3, 1947

## Immediate cause of death

Arteriosclerotic Cardiovascular disease

DURATION

1 year

Due to.....

Due to.....

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Bernard J. Kernas, M.D.

M. D. or other

Address..... Frederick, Md. Date signed Feb 5, 1947

RECEIVED

FEB 8 1947

BUREAU 16

1-35

01688

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1510

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)  
 Life

How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 138 West Church Street

How long in hospital or institution?

## 3. (a) FULL NAME

WILLIAM FRANKLIN SHUFF

4. Sex M	5. Color or race W	6. (a) Single, married, widowed, or divorced D
----------	--------------------	--

6. (b) Name of husband or wife Frances Louise Beard

7. Birth date of deceased (mo., day, yr.) April 22, 1907

8. AGE: Years 39	Months 9	Days 23	If less than one day hrs. min.
------------------	----------	---------	--------------------------------

9. Birthplace Frederick-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Chef

11. Industry or business Cooper's Lunch-Frederick, Md.

MOTHER FATHER

12. Name William Shuff
13. Birthplace Frederick County Maryland

14. Maiden name Minnie Narvie
15. Birthplace Maryland

16. Informant Miss Margaret Stoner
Address 138 W. Church St., Frederick, Md.

17. Burial	Date thereof 2/18/47
(Burial, cremation, or removal, which?)	(month) (day) (year)
Cemetery or cemetery	Mount Olivet Cemetery

Location Frederick, Maryland
M. R. Etchison and Son

18. Funeral director
Address Frederick, Maryland

19. 17 Feb 1947	(Date rec'd by registrar)	Elizabeth G. Heek	Registrar
-----------------	---------------------------	-------------------	-----------

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 138 West Church Street  
 (If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1947 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 30 1947 to Feb 15 1947  
 and that I last saw him alive on Feb 15 1947

Immediate cause of death

Hypertension  
 Cerebral hemorrhage  
 Death due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D.  
 Address Frederick, Maryland Date signed 2-17-47

RECEIVED

FEB 18 1947

BUREAU V. S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01689

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred: 407 West Patrick Street  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 Maryland County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 407 West Patrick Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... NONE

3. (a) FULL NAME  
 GRAYSON FRANKLIN SHULL

3. (b) Social Security Number  
 220-10-5027

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Grace Shearer

7. Birth date of deceased (mo., day, yr.) February 13-1899 6.(c) If alive, give age 43 years

8. AGE: Years 47 Months 11 Days 20 If less than one day hrs. min.

9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation Roofer- Sheet Metal Worker

11. Industry or business

12. Name David A. Shull  
 Father Frederick County Md.

13. Birthplace Emma Linton  
 Mother Frederick County Md.

14. Maiden name  
 15. Birthplace

16. Informant Mrs. Grayson F. Shull  
 Address 407 W. Patrick St.- Frederick, Md.

17. Burial Date thereof 2/4/47  
 (Burial, exhumation, or removal, which?) Cemetery or cemetery Mount Olivet Cemetery

Location Frederick, Md.

18. Funeral director C.E.Cline and Son  
 Address Frederick, Md.

19. Date rec'd by registrar Elizabeth G. Hecke  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 2- 1947 at 1:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1947 to Feb. 3 1947 and that I last saw him alive on Feb. 1 1947

Immediate cause of death

*Cholangitis*  
*Staphylococcal*

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

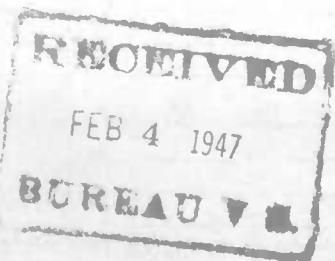
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *B.O. Thompson* M. D. or other

Address Frederick, Md. Date signed 2/4/47



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No. 01690 310

1. PLACE OF DEATH: Frederick  
 County.....  
Walkersville - Rural  
 City or town. (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, Institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town. (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_ (If rural, give LOCATION)  
 2.(a) If veteran, name war. none

3. (a) FULL NAME  
Calvin Hayes Smith

3. (b) Social Security Number  
none

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
Mary C. Locke

8.(b) Name of husband or wife \_\_\_\_\_ 8.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) 12-30-1879

8. AGE: Years 67 Months 1 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co. Md.  
 (Town, county, and state)

10. Usual occupation Blackwright

11. Industry or business \_\_\_\_\_

12. Name Wm. H. Smith

13. Birthplace Frederick Co. Md.

14. Maiden name Sarah Fox

15. Birthplace Frederick Co. Md.

16. Informant John M. Smith

Address Walkersville (R. D. 2.) Md.

17. Burial Union Chapel Cemetery  
 (Burial, cremation, or removal. Which?) Date thereof 3-1-1947  
 (month) (day) (year)

Location near Libertytown - Md.

18. Funeral director C. E. Cline & Son

Address Frederick - Md.

19. 28 Yrs. 19. 47 Elizabethtown, Hecks  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1947 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 18 1947 to Feb 25 1947 and that I last saw him alive on Feb 25 1947

Immediate cause of death Coronary Thrombosis

DURATION \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

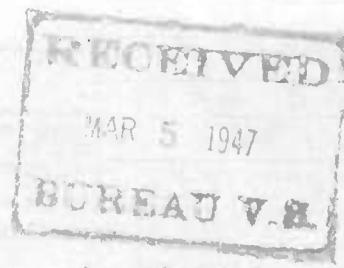
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. F. Fosterday M. D. or other \_\_\_\_\_

Address Walkersville, Md. Date signed Feb 26 1947



2-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

01691

Reg. Dist. No. 132

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County FredrickCity or town Rural Middletown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

JOHN WESLEY SMITH

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Married6. (b) Name of husband or wife Esta J. Smith

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

68

years

June 8, 1874

8. AGE:

Years 74 Months 7 Days 26 If less than one day

hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Marysville, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name George Smith13. Birthplace Marysville, Md.14. Maiden name Elizabeth Berkley15. Birthplace Marysville, Md.16. Informant Esta J. SmithAddress Middletown, Md.17. Burial Date thereof 2-7-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Bethel Hill Co.Address Middletown, Md.19. Feb 7 1947 Wm. H. Smith  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County FredrickCity or town Rural Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war WWII3. (b) Social Security Number 123-45-6789

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4 February 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19. to 19.and that I last saw him alive on 19.

Immediate cause of death

Gunsalot wound of head

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 4 Feb. 47Where did injury occur? Middletown, Fred. Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury .22 cal. rifle Injured at work? No23. SIGNATURE Charles H. Conley Jr. M.D.

Reg. M.D. or other

Address Frederick, Md. Date signed 4 Feb. 47

RECEIVED

FEB 8 1947

BUREAU V 6

1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-02

## CERTIFICATE OF DEATH

01692

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County.....

City or town.....

Fredericksburg  
Frederick, Rural

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?.....

## 3. (a) FULL NAME

Grant Snowden

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

P

Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

FATHER

12. Name.....

Unknown

13. Birthplace

New Market, Md.

MOTHER

14. Maiden name.....

Elizabeth Snowden

15. Birthplace

Unknown

16. Informant.....

Address

Burial New Market, Md.

17. (Burial, cremation, or removal, which?)

Date thereof (month) (day) (year)

Cemetery or cemetery

Location.....

New Market

18. Funeral director.....

Address

K. M. Snowden

Mt. airy, Maryland

19. (Date rec'd by registrar)

1947

1947

Elisabeth Heck.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

Rural.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

February 16 1947 at 9 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Feb 11 1947 to Feb 12 1947

and that I last saw him alive on Feb 11 1947

Immediate cause of death.....

Chronic valvular heart disease

DURATION

10 yrs

Due to.....

Due to.....

Other conditions.....

Chronic interstitial nephritis

(Include pregnancy within 3 months of death)

2 yrs

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

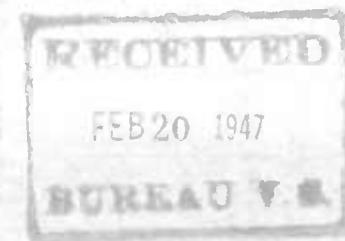
Injured at work?

23. SIGNATURE.....

Ernest P. Roop, M.D.

M. D. or other

Address..... Date signed 2-18-47



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7320

## CERTIFICATE OF DEATH

01693

Reg. Dist. No.

1310

## 1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

4½ years

How long in above place of death?

Hospital, institution, or street address where death occurred:

352 Park Avenue

How long in hospital or institution?

## 3. (a) FULL NAME

Janie R. Snyder

## 4. Sex

## 5. Color or race

## 6.(a) Single, married, widowed, or divorced

Female

White

Widowed

## 6.(b) Name of husband or wife

Henry M. Snyder

## 7. Birth date of deceased (mo., day, yr.)

May 11, 1866

## 6.(c) If alive, give age..... years

## 8. AGE:

Years  
80Months  
9Days  
9If less than one day  
..... hrs. ..... min.

## 9. Birthplace..... Frederick County Maryland

(Town, county, and state)

## 10. Usual occupation.....

Retired Housekeeper

## 11. Industry or business

Jesse C. Walker

## FATHER

12. Name.....

Jesse C. Walker

## MOTHER

13. Birthplace.....

Kempton, Maryland

## 14. Maiden name.....

Jemima Moxley

## 15. Birthplace.....

Damascus, Maryland

## 16. Informant.....

Mrs. R. Bruce Murdock

## Address

352 Park Avenue- Frederick, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... 2-23-1947

(month) (day) (year)

## Cemetery or crematory.....

Pleasant Hill Cemetery

## Location.....

Monrovia, Maryland

## 18. Funeral director.....

C.E.Cline and Son

## Address

Frederick, Maryland

## 19. Date rec'd by registrar

1947

(Date rec'd by registrar)

Elizabeth G. Heck.  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 352 Park Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH..... February 20th 1947 at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

here..... 1947, to..... 1947,

and that I last saw h..... alive on..... 1947, to..... 1947.

Immediate cause of death.....

Hepatitis, pneumonia, heart disease.

Due to..... Hepatitis, pneumonia, heart disease.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of Injury.....

Injured at work?

23. SIGNATURE.....

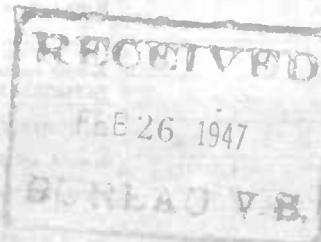
Elizabeth G. Heck.  
Registrar

M.D. or other

Date signed.....

DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

CERTIFICATE OF DELIVERY



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

81694

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

~~PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
margin reserved for binding  
is especially important. Physicians: please write the causes of death clearly and legibly.~~

1. PLACE OF DEATH: **Frederick**  
 County **State Sanatorium, Maryland**  
 City or town **(If outside city or town limits, write RURAL and give nearest town)**  
**Since 11/20/46**  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 11/20/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Maryland** County **Baltimore**  
 City or town **(If outside city or town limits, write RURAL and give nearest town)**  
 Street No. **3516 E. Baltimore St.**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war **✓**

3. (a) FULL NAME **John H. Sohn**  
 4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**  
 6.(b) Name of **XXXX** wife **Birlien Sohn**  
 7. Birth date of deceased (mo., day, yr.) **July 9, 1888** 6.(c) If alive, give age **56** years  
 8. AGE: Years **58** Months **7** Days **2** If less than one day  
 hrs. ..... min.  
 9. Birthplace **Baltimore, Md.**  
 (Town, county, and state)  
 10. Usual occupation **Die setter**  
 11. Industry or business  
 MOTHER FATHER **Peter Sohn**  
 13. Birthplace **Baltimore, Md.**  
 MOTHER **Barbara Herald**  
 14. Maiden name **Catonsville, Md.**  
 15. Birthplace **Baltimore, Md.**  
 16. Informant **Birlien Sohn (Wife)**  
 Address **3516 E. Baltimore St., Baltimore, Md.**  
 17. Burial **Burial** Date thereof **Feb. 14, 1947**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory **Oaklawn Cemetery**  
 Location **Baltimore, Md.**  
 18. Funeral director **M. L. Creager & Son**  
 Address **Thurmont, Maryland**  
 19. Feb. 11 **1947** (Date rec'd by registrar) **J. D. Lyon** Registrar

3. (b) Social Security Number  
 MEDICAL CERTIFICATION  
 20. DATE OF DEATH **February 11** 1947 at **1:30 A.M.**  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**November 20** 1946 to **Feb. 11** 1947  
 and that I last saw him alive on **February 11** 1947  
 Immediate cause of death **Pulmonary Tuberculosis** DURATION **13 Mos.**  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 8 months of death)  
 Major findings or operations..... Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? ..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....,  
 Means of injury ..... Injured at work? .....  
 23. SIGNATURE **R. L. Beers** M. D. **✓**  
 Address **State Sanatorium, Md.** Date signed **2/11/47**



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

## CERTIFICATE OF DEATH

01695  
1/320

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County FredrickCity or town Burkittsville Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 M.O.S.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Annie E. Sowers4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Singlewhite

6.(b) Name of husband or wife.....

7. Birth date of deceased (m., day, yr.) March 15, 1861

6.(c) If alive, give age..... years

8. AGE: Years 85 Months 11 Days 13 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Burkittsville, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation Retired School Teacher

## 11. Industry or business

12. Name Samuel Sowers13. Birthplace Burkittsville, Md.14. Maiden name Margaret Mathews15. Birthplace Libertytown, Md.16. Informant Harry SowersAddress Burkittsville, Md.17. Burial Burial Date thereof 3-2-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Union CemeteryLocation Burkittsville, Md.18. Funeral director Abdell Co.Address Middletown, Md.19. Date rec'd by registrar Mar. 2 1947

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MdCounty FredrickCity or town Burkittsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war no

## 3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 28 1947 at 5:57 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 28 1947 to Feb 28 1947and that I last saw her alive on Feb 28 1947

## Immediate cause of death

Cardio-Renal - Vasicular Disease

Due to

Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

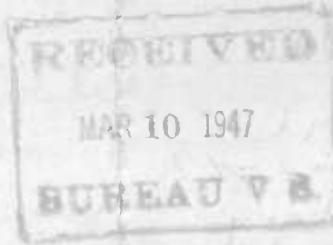
Injured at work?

## 23. SIGNATURE

R.E. Harp MD

M. D. or other

Address Middletown Date signed 2-28-47



2-25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131b

01696

## CERTIFICATE OF DEATH

Reg. Dist. No. 137

## 1. PLACE OF DEATH:

County.....

Frederick

City or town.....

Cover's Corner

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

32 years

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Eda B. Spencer

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife.....

Wm D. Spencer

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

July 28, 1863

8. AGE: Years

83

Months

6

Days

18

If less than one day

hrs. min.

9. Birthplace.....

(Town, county, and state)

Carroll Co - Maryland

10. Usual occupation.....

Housewife

11. Industry or business

FATHER

12. Name.....

Frank S. Warner

MOTHER

13. Birthplace.....

Maryland

14. Maiden name.....

Julia Copperman

W.H.

15. Birthplace.....

Maryland

16. Informant.....

Mr. Wm D. Spencer

W.M. C. H. Md.

Address.....

Burial

St. James

17. (Burial, cremation, or removal) Which?

Date thereof.....

(month) (day) (year)

Cemetery or cemetery.....

Dunings Carroll Co. Md.

Dunings Carroll Co. Md.

18. Funeral director.....

G. M. Waltz

Winfield Md.

Address.....

20218

Winfield Md.

19. (Date rec'd by registrar).....

19-47

Registrar

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County.....

City or town.....

Cover's Corner

Street No.....

Rural - Mt. Airy

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

February 16<sup>th</sup> 1947 at 12:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 15<sup>th</sup> 1947 to February 15<sup>th</sup> 1947and that I last saw her alive on February 15<sup>th</sup> 1947

Immediate cause of death.....

Cerebral Hemorrhage / week

Due to.....

Due to.....

Other conditions.....

Obstructive nephritis 6 months

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

23. SIGNATURE.....

L. C. Shiley M.D.

M. D. or other

Address..... New Windsor Md. Date signed 2/17/47



2-25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94b

01697

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County

Brunswick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 53 yrs.

Hospital, institution, or street address where death occurred:

301 West Pollock

How long in hospital or institution?

## 3. (a) FULL NAME

Frank Lester Spitzer

4. Sex

Male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

## 6.(b) Name of husband or wife

Anne Rotherhofer

## 7. Birth date of deceased (mo., day, yr.)

Jan. 15 1890

6.(c) If alive, give age

46

years

## 8. AGE:

Years Months Days It less than one day  
57 1 12 hrs. min.

## 9. Birthplace

Virginia

(Town, county, and state)

## 10. Usual occupation.

clerk

## 11. Industry or business

set

FATHER

12. Name

Alonzo Spitzer

13. Birthplace

Virginia

14. Maiden name

unknown

15. Birthplace

Unknown

16. Informant

Mrs Anne Dutow Spitzer

Address

Brunswick Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof March 2 1947

(month) (day) (year)

Cemetery or crematory

Park Heights

Location

Brunswick Md

18. Funeral director

C. H. Feete &amp; Bro

Address

Brunswick Md.

19. Date rec'd by registrar

Mar. 2 1947

Katherine H. Brown Dep. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Maryland

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

301 West Pollock

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Feb 27

1947 at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 13 1947 to Feb 27 1947

and that I last saw him alive on Feb 25 1947

Immediate cause of death

Angina Pectoris

DURATION

14 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

## 23. SIGNATURE

Signature

M. D. or other

Address Date signed 3/2/47



2-05

2-1410 — 2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

## CERTIFICATE OF DEATH

★ 01698

131

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

10 Days

How long in above place of death?

Hospital, institution, or street address where death occurred:

231 South Market Street

How long in hospital or institution?

## 3. (a) FULL NAME

MARY M. TRUNDLE

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

W

6. (b) Name of husband or wife

Charles Newton Trundle

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

March 15, 1865

8. AGE:

Years

Months

Days

If less than one day

81

10

24

hrs.

min.

9. Birthplace Feagaville-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

12. Name Philip Culler

13. Birthplace Frederick County Maryland

14. Maiden name Ann Dixon

15. Birthplace Frederick County Maryland

16. Informant Mrs. John H. Krantz

Address R. F. D. #4, Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 2/12/47

(month) (day) (year)

Cemetery or crematory St. Lukes Cemetery

Location Feagaville, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 11-47 1947  
(Date rec'd by registrar)Elizabeth G. Tech  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-R. F. D. #4

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Frederick

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 9th 1947 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3 January 1947 to 9 Feb 1947  
and that I last saw her alive on 9 February 1947

Immediate cause of death

Uremia

DURATION

3 days

Due to Arterio-Sclerotic Cardio-  
renal disease

10 yrs (?)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles & Conley Jr. M. D.  
M. D. or other  
Address Frederick, Maryland Date signed 2-11-47

RECEIVED

FEB 12 1947

BUREAU

1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-2

## CERTIFICATE OF DEATH

01699

Reg. Dist. No... 130

1. PLACE OF DEATH:  
 County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town) Lifetime  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred: Frederick City Hospital  
 How long in hospital or institution? 4 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State..... Maryland County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 206 West South Street  
 (If rural, give LOCATION) None

## 3. (a) FULL NAME

FRANK J. WACHTER

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) May 12, 1878

8. AGE:	Years	Months	Days	If less than one day
	68	9	12	hrs. min.

9. Birthplace..... Bloomfield, Frederick County, Md.  
 (Town, county, and state)

10. Usual occupation..... Plumber

## 11. Industry or business

MOTHER FATHER	12. Name..... Thomas M. Wachter
	13. Birthplace..... Frederick County, Maryland
MOTHER	14. Maiden name..... Cynthia Measell
	15. Birthplace..... Frederick County, Maryland

16. Informant..... Mr. Mehrl Wachter
Address..... Frederick, Maryland

17. Burial..... Mount Olivet Cemetery	
(Burial, cremation, or removal, which?)	Date thereof..... February 27, 1947
	(month) (day) (year)

Location..... Frederick, Maryland
-----------------------------------

18. Funeral director..... C. E. Cline & Son
Address..... Frederick, Maryland

19. 26 Feb 1947 (Date rec'd by registrar)	Elizabeth G. Heck
	Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... 24 February 1947 at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Never 19 to 19 and that I last saw him alive on 24 Feb. 1947.

Immediate cause of death..... Cardiac Arrest DURATION 4 hrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accidental, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?)

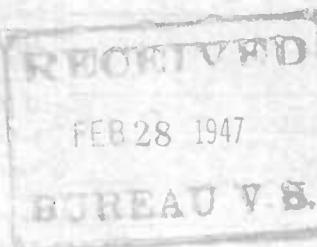
Means of injury..... Injured at work?

23. SIGNATURE..... Charles H. Corley Jr. M.D.

Dep. med. Examined M. D. or other  
 Address..... Frederick, Md. Date signed 24 Feb 47

RECEIVED  
FEB 28 1947

MAILING STATION



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 140

01700

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

## 1. PLACE OF DEATH

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Mos.

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Bertha M. Werner

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female. Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

1869, March 24

## 8. AGE:

Years	Months	Days	If less than one day
77	10	27	hrs. min.

9. Birthplace Burkittsville, Frederick Co., Md. (Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

12. Name Henry M. Werner

13. Birthplace Burkittsville, Md.

14. Maiden name Frances Werner

15. Birthplace Burkittsville, Md.

16. Informant Hospital (Frederick City)

Address Frederick, Md.

17. Burial Date thereof 2-27-47  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or cemetery St. Francis Cemetery

Location Petersville, Md.

18. Funeral director Bladhill Co.

Address Middletown, Md.

19. Feb 26 1947 Elizabeth G. Heck.  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Burkittsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1947 at 12:59 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 10 1947 to Feb 21 1947

and that I last saw her alive on Feb 20 1947

Immediate cause of death

Cardiac Disease

DURATION

8 hrs

Due to Cardiac Disease

1/

Due to Hypertension &amp; Senility

-

Other conditions Cerebral Hemorrhage 3 mos

3 mos

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

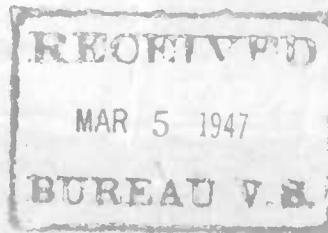
23. SIGNATURE

M. D. or other

Address Jefferson

Date signed 2/26/47

Registrar



2-35-

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

01701  
131  
Reg. Dlat. No.

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
15. Rosemont Avenue  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 15 Rosemont Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war. None

## 3. (a) FULL NAME

PAUL CLARKE WILLARD

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Lucie L. Kepler6.(c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) May 18, 18788. AGE: Years 68 Months 8 Days 27 If less than one day  
.....hrs. .....min.9. Birthplace Burkittsville, Frederick County, Md.  
(Town, county, and state)10. Usual occupation Banker & Farm Adviser

## 11. Industry or business

12. Name Edward L. Willard  
FATHER13. Birthplace Nr. Burkittsville, Maryland14. Maiden name Emma V. Shafer  
MOTHER15. Birthplace Middletown, Maryland16. Informant Mrs. Paul C. Willard  
Address Frederick, Maryland17. Burial Mount Olivet Cemetery  
(Burial, cremation, or removal. Which) Date thereof Feb. 16, 1947  
(month) (day) (year)Cemetery or Mount Olivet Cemetery  
Location Frederick, Maryland18. Funeral director C. E. Cline & Son  
Address Frederick, Maryland19. Elisabeth Y. Heck  
(Date rec'd by registrar) 15 Feb. 1947  
Registrar

## 3. (b) Social Security Number

220-10-5112

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1947 at 12:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 3 1947 to Feb. 14 1947and that I last saw h. alive on Feb. 13 1947

## Immediate cause of death

Paroxysm of Throbbing DURATION 10 days

## Due to

Arteria Salsolae 7/24/47

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. 

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

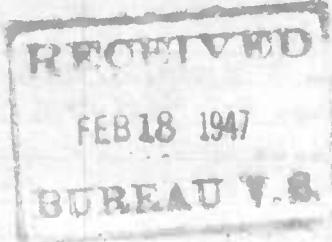
Accident, suicide, or homicide. Date of 

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Oberseas M. D. or other Address Frederick, Md. Date signed 15 Feb. 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310  
01702

1. PLACE OF DEATH: Frederick  
 County Hyattstown, Rural  
(If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 year & 6 mos.  
 Hospital, institution, or street address where death occurred:  
Hyattstown, Md. (Rural)  
 How long in hospital or institution?

3. (a) FULL NAME

Charles Douglas Williams Jr.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	single

8.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) July 14, 1945  
 6.(c) If alive, give age ..... years8. AGE: Years 1 Months 6 Days 29 If less than one day  
 hrs. ..... min.9. Birthplace Frederick, Frederick, Md.  
(Town, county, and state)10. Usual occupation none11. Industry or business none12. Name Charles D. Williams13. Birthplace Gainesville, Md.14. Maiden name Mary Elin Butt15. Birthplace Rockville, Md.18. Informant Charles D. WilliamsAddress Clarksburg, Md.17. Burial Burial Date thereof 2/15/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or cemetery Mt. OlivetLocation Frederick, Md.18. Funeral director Harry E. Conley Co.Address Frederick, Md.19. 14 Feb 1947 Elizabeth S. Hock  
(Date rec'd by registrar)2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State <u>MD</u>	County <u>Frederick</u>
City <u>Hyattstown, Md.</u>	<small>(If outside city or town limits, write RURAL and give nearest town)</small>
Street No. <u>rural</u>	<small>(If rural, give LOCATION)</small>

2.(a) If veteran, name war none3. (b) Social Security Number none

## MEDICAL CERTIFICATION

20. DATE OF DEATH 13 February 1947, at 11:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never dead 13 February, 1947, to 1947,  
 and that I last saw h. i.m. dead on 13 February, 1947.Immediate cause of death Crushed skull

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

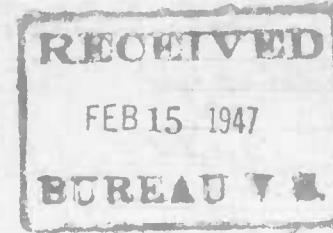
Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 13 February 1947Where did injury occur? N.R. HYATTSTOWN FREDERICK MARYLAND (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HOME-FARMMeans of injury RUN OVER BY TRUCK Injured at work? No23. SIGNATURE Charles S. Conley, M.D.Deputy medical Examiner D. or otherAddress Fredrick, Maryland Date signed 14 FEB 1947



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *MD*

01703

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 1 month

## 3. (a) FULL NAME

Louis LaFayette Wilson

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Etta Cole

7. Birth date of deceased (mo., day, yr.) May 21, 1875 8. (c) If alive, give age 68 years

8. AGE: Years Months Days If less than one day  
71 8 21 hrs. min.8. Birthplace Burrillville, Rhode Island  
(Town, county, and state)

10. Usual occupation Mgr. of Union Mfg. Co.

11. Industry or business Hosiery

12. Name George A. Wilson

13. Birthplace Connecticut

14. Maiden name Eliza J. Harn

15. Birthplace Connecticut

18. Informant Mrs. Louis L. Wilson

Address Frederick, Maryland

17. Entombment Date thereof Feb. 14, 1947  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or place Frederick Memorial Park, Inc.

Location Linden Hills, Md.

18. Funeral director C. E. Cline &amp; Son

Address Frederick, Maryland

19. 13-426 1947  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 214 Rockwell Terrace

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

214-10-1546

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1947, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1947 to Feb 11, 1947  
and that I last saw him alive on Feb 11, 1947

Immediate cause of death

Giant Concren Thrombosis 1 day

Due to

Due to

Other conditions Giant Concren Thrombosis  
Embolus of Right Pulm. Artery 4 hours  
(Include pregnancy within 8 months of death)

Major findings of operations None Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

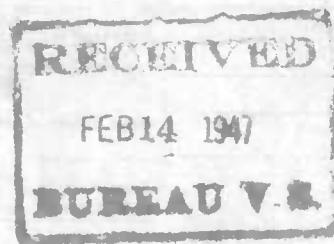
Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE G. A. O'Conor M.D.

M. D. or other

Address Frederick, Md Date signed 2/13/47



1-35